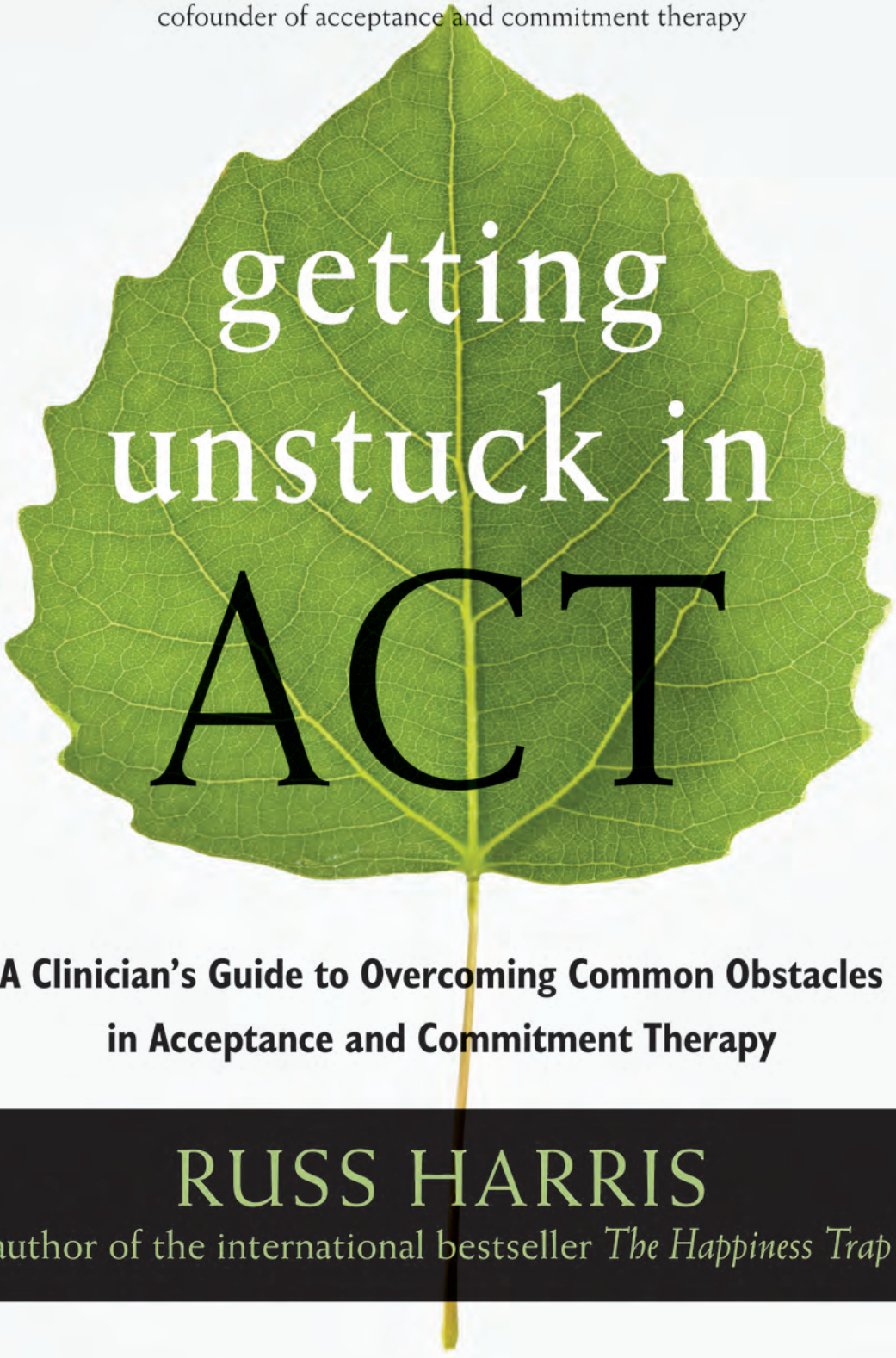
"I learned a lot reading [the book] and if you do ACT work, you will too. Highly recommended." —STEVEN C. HAYES, PhD, cofounder of acceptance and commitment therapy



getting unstuck in ACT

A Clinician's Guide to Overcoming Common Obstacles in Acceptance and Commitment Therapy

RUSS HARRIS

author of the international bestseller *The Happiness Trap*

"Russ Harris has a well-deserved, worldwide reputation for creating clarity where there is confusion, and simplicity where there is unnecessary complexity. When we are stuck in clinical work, reducing confusion and complexity helps us see a pathway forward. There is wisdom on almost every page of this book. I learned a lot reading it and if you do ACT work, you will too. Highly recommended."

—**Steven C. Hayes, PhD**, cofounder of acceptance and commitment therapy (ACT)

"In my experience, therapists and students learning ACT often master the model long before they master application of the model to promote behavior change. Even the most talented therapists can find themselves struggling to apply the ACT model in a way that moves their work forward. In *Getting Unstuck in ACT*, Russ Harris applies his extensive experience as a therapist and ACT trainer not only to clearly identify a number of difficulties therapists run into when doing ACT , but also to offer specific activities to bring flexibility to these difficult moments. The text includes a number of session excerpts demonstrating both effective and ineffective therapist interventions, along with specific steps to take in different kinds of stuck moments. It will be invaluable to ACT therapists looking to do more meaningful work, even at the most difficult points in therapy."

—**Emily K. Sandoz, PhD**, assistant professor of psychology, University of Louisiana at Lafayette

"Once again, Russ Harris has delivered a perfect book on acceptance and commitment therapy (ACT). Crystal-clear and friendly, *Getting Unstuck in ACT* is a survival guide for the fumbles, 'stuckness,' and fear that we all experience in the therapy room. This book is the Swiss Army Knife that will sit front and center in my ACT library."

—**Shawn T. Smith, PsyD**, author of *The User's Guide to the Human Mind*

"Russ Harris has done it again—written another practical and easy-to-follow book that should be a welcome addition to the library of any acceptance and commitment therapist, from the novice to the most seasoned veteran. This step-by-step troubleshooting guide is the next best thing to a tow truck to get you and your clients out of therapeutic ditch we all too often find ourselves stuck in. Think of it as ACT roadside assistance. If you haven't needed it yet, take it from one who has—you will. Buy this book and keep it in your glove compartment."

—**Robert Zettle, PhD**, author of *ACT for Depression*

"Russ Harris's trademark humor shines throughout *Getting Unstuck in ACT*. This text is ideal for ACT clinicians grappling with the hellacious aspects of putting the ACT model into practice. Harris has an uncanny ability to make the complex simple. *Getting Unstuck in ACT* will leave the 'stuck' clinician with the aha moment they are looking for. An excellent contribution from one of the most creative and influential authors in the ACT field."

—**Louise McHugh, PhD**, lecturer in the school of psychology, University College Dublin, and author of *The Self and Perspective Taking*

"*Getting Unstuck in ACT* is a clearly written, thorough, and timely contribution to the ACT literature. Harris addresses the major ways in which it is possible to struggle with the ACT model, and then highlights easy-to-understand solutions to overcoming these struggles. From a personal perspective, the way in which the basics of behavior analysis have been effortlessly integrated with the ACT model will be of great use to readers. This book should be on the shelf of any person interested in ACT ."

—**Nic Hooper**, PhD, visiting lecturer at the University of Newport, Wales

"Russ Harris has the unique skill of taking complex ideas and expressing them in a style that is readily accessible to almost everyone. If you've ever felt 'stuck' with a client, felt like you were going off track, or struggled to motivate people, this book will help. Russ Harris steps through how we get stuck with our own expectations, feelings, and struggles, helping readers to see how these concerns can influence their work. . . . He walks readers through the most common pitfalls and struggles they have with clients as they try to move from struggling with life to living vitally. *Getting Unstuck in ACT* is the perfect companion to *ACT Made Simple* and an essential resource to professionals using ACT in therapy or training."

—**Louise Hayes, PhD**, author of *Get out of Your Mind and Into Your Life for Teens*

"Harris does a wonderful job directly tying together the six components of the ACT model in straightforward and clear language . Throughout the book, Harris uses examples of session content to model stuck and unstuck responses to ACT processes . There are a good number of sample exercises in Parts one and two of the book as well. Further, at the end of each chapter, there are helpful experiments to practice skills. As someone who frequently supervises student clinicians, I see this book as a must-have!"

—**Amy R. Murrell, PhD**, associate professor of psychology at the University of North Texas and coauthor of *The Joy of Parenting*

"Harris expertly clears paths for greater understanding, and illuminates the darker, less understood areas of ACT with sharp, readable clarity. The book is organized to illustrate common therapist sticking -points and then provide steps and strategies to help deal with those obstacles in a very practical manner."

—**D.J. Moran, PhD, BCBA-D**, MidAmerican Psychological Institute, author of *ACT in Practice*

"Eventually, all therapists get stuck. . . . In this book, Russ Harris explores client and therapist 'stuck- ness' and provides a series of clear and helpful lessons. Packed full of pragmatism, experience, technique, tools, perspectives, humor, and humanity, *Getting Unstuck in ACT* is an essential read for both seasoned practitioners and those new to ACT . If you let it, this book will deepen your practice of ACT and help you to become the kind of therapist that you would most choose to be."

—**David Gillanders**, founding member of the Association for Contextual Behavioral Science and academic director of the doctoral program in clinical psychology at the University of Edinburgh , Edinburgh, UK

"*Getting Unstuck in ACT* is based on the premise that being an advanced, sophisticated, and successful ACT therapist does not require slogging through years of tedious, difficult theoretical readings or spending years of intense experiential supervision with an ACT guru . Instead, it requires a conceptual understanding of the ACT model (which Harris makes surprisingly clear and simple), willingness to experience by trying new techniques in the service of getting yourself and your clients 'unstuck', and a good dose of compassion and humor. As with his previous books on ACT, Harris takes the seemingly overwhelming and difficult, and breaks it down into a clear, usable, and flexible approach without losing nuance or sophistication. This is a great book for ACT veterans or beginners. I will definitely recommend it to my students and colleagues."

—**Jonathan Kanter**, associate professor, director, and coordinator for the Depression Treatment Specialty Clinic in the department of psychology, University of Wisconsin–Milwaukee

"Russ Harris has a unique gift for communicating ACT to clients and practitioners . Following the success of his highly accessible clinician guide *ACT Made Simple*, as well as his various self-help books, Harris has produced another excellent resource, with guidance on how to rise to some of the most common challenges that occur during ACT interventions . The example client responses in this book will be instantly recognized by ACT practitioners, and make this an essential learning resource for those relatively new to this therapeutic approach. A central strength of this book lies in the author's unusual ability to bring ACT's processes to life , and his reflections on how ACT practitioners can apply those same processes to their own personal and professional lives . On my first read-through, I was able to pick up some great tips for immediately improving my own ACT work . This is essential reading for all ACT practitioners."

—**Paul Flaxman, PhD**, senior lecturer in psychology at City University London and author of *The Mindful and Effective Employee*

"*Getting Unstuck in ACT* is a fantastic book for all those learning the therapy, and is great for those who have been practicing for a while, too! From the first chapter, 'Knowing Yourself,' to the last, 'Holding Ourselves Kindly,' Russ Harris captures and straightforwardly addresses those sticky situations in therapy that both new and seasoned ACT therapists find themselves in . As someone who implements, trains, and supervises ACT, I see this book as a must-read. Truly useful from front to back!"

—**Robyn D. Walser, PhD**, experienced ACT trainer and clinician

getting unstuck in ACT

A Clinician's Guide to Overcoming Common Obstacles in Acceptance and Commitment Therapy

RUSS HARRIS

New Harbinger Publications, Inc.

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To five great mates: Mike Brekelmans, Paul Dawson, Tref Gare, Cam Rule, and Johnny Watson. Thanks so much for being there, lads; you've all played a huge role in making my life rich, full, and meaningful—and in helping me get unstuck from some pretty sticky situations!

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Last but not least, several truckloads of thanks to the entire team at New Harbinger, especially Catharine Meyers, Jess Beebe, and my editor, Jasmine Star (who really was a star during this process!), for all the hard work, care, and attention they have invested in this book.

INTRODUCTION

Are You Stuck?

Have you ever gotten stuck trying to do acceptance and commitment therapy (ACT) with your clients? Of course you have! How do I know this? Because everybody does. Yes, even all those ACT "gurus" who created the model. Indeed, one of the many things I fell in love with when I first discovered ACT was the humility of the leaders in the field.

As a budding ACT therapist, I attended many trainings with the pioneers of the model—eminent psychologists such as Steven Hayes, Kelly Wilson, Kirk Strosahl, and Robyn Walser—and I was astonished at the way they so freely admitted to screwing up, getting things wrong, and doubting their own abilities. I have to say, their honesty, openness, and willingness to be vulnerable just blew me away. I'd trained in many other models prior to ACT, and I'd never witnessed the experts admitting to shortcomings or self-doubts. It helped me accept myself with all my own weaknesses and failings and defuse from my own deeply entrenched "I'm a lousy therapist" story.

The reality is, it takes a lot of time and effort to learn how to do ACT well. Sure, it's easy to string together a few defusion techniques and some values clarification exercises, and that will certainly be helpful for many clients. Indeed, that's how many of us start off. (I know I did!) But that's a far cry from doing ACT fluidly, flexibly, and effectively.

It would be great if we could pick ACT up in a basic two-day training, take it away, and do it effortlessly and effectively. Unfortunately, that's just not possible. Why? Because ACT isn't just a simple technique or tool kit. It's a rich, complex, multilayered, dynamic, and continually evolving model. So while most people can pick up the basic principles of ACT pretty quickly, it generally takes at least two or three years of hard work and ongoing study to become fluid and flexible in the model.

And here's another inconvenient truth: During this extended period of learning, we will all get stuck repeatedly, as will our clients. Indeed, the more stuck our clients get, the more stuck we tend to get. We readily get hooked by the "I'm not good enough" story and the "I can't do it" story and then find ourselves struggling with painful emotions, from anxiety and frustration to inadequacy and hopelessness.

However, there is good news: We can all steadily improve, especially because there are lots of useful tips, practical tools, and smart strategies that can help us learn from our mistakes and become more effective. That's what I'm going to share with you in these pages.

The idea for this book came when I was writing my first professional book, *ACT Made Simple*, in which I titled chapter 13 "Getting Unstuck." I realized at the time that this was a huge topic—way too big for a single chapter—and thought it really deserved an entire book in itself. And so, four years later, here is that book.

I've designed this book for ACT practitioners at all levels of experience: beginning, intermediate, or advanced. (Please note that, although I use the word "therapist" throughout this book, you can readily substitute "coach," "counselor," "doctor," and so on; this book is applicable to any professional who uses ACT.) However, I do assume that readers are familiar with the basics of the ACT model, and I am not going to eat up time and space going over it again. Therefore, if you're totally new to ACT, please put this book aside for the time being and work your way through an introductory text first, such as *ACT Made Simple* (Harris, 2009a) or *Learning ACT* (Luoma, Hayes, & Walser, 2007), among numerous others. A self-help book will not suffice; you need to read a professional instruction book.

This book covers the most common ways both clients and practitioners get stuck when new to ACT. It's based primarily on what I've heard from the many people I've trained and supervised over the years. It demonstrates not only how to get ourselves and our clients unstuck, but also how to transform "stuckness" into personal growth.

Part 1 of the book, "Getting Ourselves Unstuck," is focused primarily on ACT practitioners, and part 2, "Getting Our Clients Unstuck," is focused more on clients. However, there is much overlap because the more stuck the client, the more stuck the therapist—and vice versa.

Each chapter is full of useful tools, techniques, strategies, and theory, often with links to free downloadable resources. Plus, at the end of each chapter you'll find a text box like this:

Experiments

- Inside these text boxes, I'll recommend experiments to help you improve your skills and knowledge.
- Obviously you don't have to do these things, but I hope you will. After all, we can't learn ACT simply by reading about it; we have to actually do it!

Ideally, you'll try out the suggestions in each text box for an entire week before moving on to the next chapter. In this way, you can work through the whole book in the space of three to four months. As you do this, week by week you'll learn how to do all of the following:

- Motivate the unmotivated
- Respond effectively to challenging behaviors in session
- Overcome the most common barriers to change
- Turn resistance into commitment
- Get back on track and stay on track with highly distractible clients
- Instigate defusion without even telling clients you're doing it
- Win over coerced, reluctant, and mandated clients
- Get past "I don't know" when clarifying values
- Help people deal with sticky dilemmas and unsolvable problems
- And much, much more

So are you eager to get started? Then what are you waiting for? Turn the page!

PART 1

Getting Ourselves Unstuck

CHAPTER 1

Know Thyself

Sir Winston Churchill famously said, "Success is the ability to go from failure to failure without loss of enthusiasm." We'd all do well to embrace this ideal as we continue our journey of learning ACT, because we'll all experience plenty of failures along the way.

You know this already, of course. In learning any complex new skill, we are all going to fail—to screw it up again and again and again. We learn by making mistakes. But, of course, making mistakes isn't enough in itself; we also need to reflect on those mistakes. We need to assess what worked and what didn't work, and what we should do more or less of, or do differently, next time around.

Common Therapist Problems

We're going to kick off by taking a good look at ourselves—at the many different ways in which we, the practitioners, get stuck. Here are some of the most common issues (many of them from a PowerPoint presentation by Steven C. Hayes, PhD, the originator of ACT):

- Being inconsistent and giving mixed messages
- Talking and explaining ACT instead of doing it
- Being too gung ho
- Being Mr. Fix-It
- Being Ms. Good Listener
- Being Mr. Nice Guy

- Being Ms. Dismissive
- Being Mr. Grab-a-Tool
- Trying to convince or be right
- Taking a one-up position
- Placing excessive focus on one process while neglecting others
- Lacking understanding of the theoretical underpinnings
- Impersonating your ACT trainer

Being Inconsistent and Giving Mixed Messages

When we're new to ACT, many of us send mixed messages. For example, suppose we do an exercise around acceptance of anxiety and the client says, "Oh, I feel so much better now. All my anxiety has disappeared." And suppose we reply, "That's great!" This sends the message that the aim of the exercise is to reduce anxiety. So the client takes away this "acceptance" technique but uses it to try to get rid of his anxiety, thereby heading straight back down the path of experiential avoidance!

Consider also the therapist who encourages the client to defuse from negative self-judgments but encourages fusion with positive ones in order to build self-esteem. This would keep the client stuck in the same trap that created much of his suffering in the first place: fusion with the conceptualized self.

Talking and Explaining ACT Instead of Doing It

We can't learn to drive a car, make a cake, ride a bike, or sign our name simply by talking about it; we can learn these skills only through actually practicing them. The same holds true for the skills involved in delivering ACT: we have to actually practice them *in session*. Most new ACT practitioners initially find this very challenging and, consciously or unconsciously, avoid it. (I know I did!) After all, like our clients, we are experientially avoidant and don't like to feel anxious. It's far less anxiety provoking for us to fill sessions with conversation than to ask clients to

participate in active psychological exercises—especially those that involve discomfort for the client. The problem here isn't that we talk about the wrong things, but that we end up talking about ACT instead of actually doing it. (In professional supervision sessions, a telltale sign of this is when the therapist says, "I *discussed* acceptance with him" or "We *talked about* defusion.")

In order for clients to learn ACT, we must actively model, instigate, and reinforce the core ACT processes in session; we need to "get experiential." So, wherever possible, let's cut down on chitchat. Let's keep explanations short and sweet and use brief metaphors or experiential exercises rather than a didactic approach.

If we suddenly notice that we've been talking about ACT instead of doing it, we could say something like "I'm so sorry. I just noticed we've been doing a lot of talking here but not putting any of it into practice. You can't learn to play guitar by talking about it or thinking about it; you have to actually pick up the guitar and strum. ACT is much the same. So is it okay if we do a little exercise now?" Then we could lead into an active exercise, such as values clarification, goal setting, or a mindfulness practice.

We also need to ensure that sessions end with some sort of commitment to try something out between sessions: a technique to practice, a course of values-guided action, etc. One tip here: I recommend you don't use the word "homework"; clients usually don't like it. Instead, use phrases like "try it out," "give it a go," "practice this," or "do an experiment and see what happens."

Similarly, we want to start the next session with a review of how the client did with that commitment: Did he follow through or not? If he did, what was that experience like? If not, what got in the way?

Being Too Gung Ho

The flipside of too much talking is to leap prematurely into active intervention without first validating and empathizing with the client's suffering. I have to confess, I made this mistake a lot when I was new to ACT. I was so excited about all those amazing defusion techniques that I'd often leap into them too soon, invalidating clients in the process.

Being Mr. Fix-It

We can play Mr. Fix-It in many ways. For example, we can leap in with advice, become overly directive, or try to solve the client's problems for her—which ultimately disempowers her. Instead, we need to pause, slow down and "lean in," get fully present, and create a space where the client can solve her own problems using the strategies from part 2 of this book.

Being Ms. Good Listener

We can easily fall into a role where we do plenty of active listening but not much else. The client feels heard and understood, the therapist doesn't have to step outside of her comfort zone, and both parties are content—in the short term. But meanwhile, there is little or no ACT happening, either in session or between sessions. And in the long term, the client is unlikely to increase her psychological flexibility. Thus, the same advice applies for listening excessively as for talking and explaining: get ACT-ive in session! Of course, we still listen compassionately and respectfully—and we also actively model, instigate, and reinforce ACT processes throughout each session.

Being Mr. Nice Guy

Do you ever allow problematic in-session behavior to continue unchecked, session after session—perhaps letting a client keep rehashing the past—without ever addressing it? It's a very common practice; almost all of us do this at times. We're afraid of upsetting our clients, so we play Mr. Nice Guy or Ms. Nice Gal. We grit our teeth, smile politely, and allow the behavior to continue even though it's interfering with progress. (In chapter 8, we'll look at how to compassionately and respectfully interrupt problematic behavior in session.) This role can also play out as the therapist who avoids experiential exercises out of fear that the client will find them too uncomfortable. In such cases, the following dentist metaphor can help.

Therapist: Suppose you have a rotten tooth and go to a charming dentist who plays great music, cracks jokes, makes you

laugh, and examines all your good teeth but neglects the rotten ones, so it's a very enjoyable and painless experience. And suppose that happens each time you go back. Your tooth is getting worse and you're developing an abscess in the jaw, but still the dentist doesn't go anywhere near that rotten tooth. Why? Because he doesn't want to cause you any pain or discomfort. Would you be happy with that dentist?

Client: *(Smiles.)* No way!

Therapist: If you want a healthy mouth, you have to deal with the tooth—even if it hurts, right? And sometimes our work in this room is a bit like that. To build a better life, we need to do things that can be uncomfortable. Right now I'm thinking we could try out an exercise that might be a bit uncomfortable for you, but I'm suggesting it because I think that if you're willing to do it, you'll learn something useful that could make a big difference in your life.

Being Ms. Dismissive

As ACT practitioners, we aim to be compassionate and radically respectful of our clients. If we start saying things like "It's only a feeling," "It's just an emotion," or "That's just a story," we come across as dismissive and uncaring. We need to be especially careful if using zany defusion techniques because, if used insensitively, they can be extremely invalidating for clients. For example, while I ask many clients to say, "Thank you, Mind, for that thought," there are some clients I would never say this to, such as victims of severe trauma or prolonged abuse, as it would probably make them feel belittled or trivialized.

Being Mr. Grab-a-Tool

If we aren't sure what we're trying to achieve in session, we may start frantically reaching into our ACT tool kit, grabbing tools and techniques at random without any clear strategy and hoping something will work. (One form this takes is something humorously called "metaphor abuse":

the therapist opens up a can of metaphors and throws them at the client one after the other, hoping something will stick.) If this is something you do, then chapter 2, on case conceptualization, and chapter 4, on identifying the function of behavior, will be especially helpful for you.

Trying to Convince or Be Right

It's easy for us to become overzealous about ACT, to feel convinced that we know best and fuse with the need for an ACT-consistent outcome. If we find ourselves trying to convince a client, it's a good idea to call it out and apologize, as in the following example.

Therapist: I'm so sorry. I've just realized what I've been doing here. Can we please press "pause" for a moment? I can see I've been trying very hard to persuade you into my way of thinking, and clearly you didn't come here so that I can impose my beliefs on you. I'm really sorry. Can we press "rewind" and go back five minutes, to before I started trying to convince you?

By all means let's be enthusiastic about ACT. But let's also allow our clients to take it or leave it, as they wish.

Taking a One-Up Position

If we look at clients through the lens of a clinical diagnosis instead of appreciating them as whole, complete human beings, we take a one-up position. When this happens, it's important to remember the ACT stance that clients aren't broken, just stuck. If we're not mindful, it's easy to forget this.

The one-up position can also manifest as arrogance, righteousness, or being the expert. It can even take the form of reassurance: "You'll be all right," "You'll get through this," "It'll be fine," "You'll handle it," and so on. When we talk to clients like this, we're placing ourselves above them, like a parent talking to a child, talking from a space of "I know best." This is a world apart from the gentle nonverbal reassurance that we give clients by simply being present, open, and respectful as we compassionately sit with them in their pain.

Placing Excessive Focus on One Process While Neglecting Others

Our prior training will influence the way we do ACT. If we trained in models heavily focused on processing emotions, we'll probably find ourselves overemphasizing related aspects of the ACT model and underemphasizing the values, goals, and committed action components. Conversely, if we've trained in models heavily focused on cognition, we could easily overemphasize cognitive defusion while neglecting emotional acceptance. So we need to beware of our biases and actively work on building experience in the processes we're least comfortable or familiar with.

Lacking Understanding of the Theoretical Underpinnings

ACT is based on behavior analysis, and even a very basic grasp of behavior analysis principles can hugely enrich and enhance our abilities in ACT. However, if we have no understanding of behavior analysis, we can easily struggle. I'll look at some of the most important principles of behavior analysis in chapters 3 and 4, so please don't skip those chapters; they provide a valuable foundation for the rest of the book.

Impersonating Your ACT Trainer

When I first started doing ACT, I tried to model myself on Steve Hayes. I copied his ways of speaking, his styles of intervention, and his favorite exercises. I certainly learned a lot from doing that, but it wasn't a great fit for my personal style of working with clients. Next I modeled myself on Kelly Wilson, another ACT pioneer. The same thing happened: I learned a lot, but trying do ACT the way Kelly does it just didn't suit my personality. Then one day I heard this saying: "Be yourself; everyone else is already taken." Thereafter, I started to find my own way of doing ACT, using my own ways of speaking and style of working, and creating my own exercises and interventions.

So as you work through this book, please modify the words to suit your own style and fit the clientele you work with. If there's anything

within these pages that you would phrase, sequence, or deliver differently—if you can think of different metaphors, exercises, questions, worksheets, tools, or techniques that suit you better—then please go with your preference. Make ACT your own and find your own unique way of doing it.

Therapist Fusion and Avoidance

When our clients don't respond the way we want them to, we often fuse with highly judgmental and extremely unhelpful thoughts about ourselves, our clients, or even the ACT model itself—and sometimes all of the above! We also tend to struggle with the painful feelings that arise.

Indeed, many of the problems discussed in this chapter stem, at least in part, from therapist fusion and avoidance. For example, the Mr. Nice Guy role often involves both fusion with the thought *I shouldn't make my clients feel uncomfortable* and experiential avoidance of the anxiety that occurs when we confront problematic behavior. This is why every professional book on ACT emphasizes the need for us to apply the model to ourselves, because we build the strongest therapeutic rapport when we defuse from our unhelpful thoughts, make room for our own discomfort, act in line with our values, and engage fully with the client.

Food for Thought

Hopefully this chapter gave you some food for thought. I'm going to end it with another great quote from Sir Winston Churchill: "Success is not final. Failure is not fatal. It is the courage to continue that counts."

These words of wisdom seem especially applicable to ACT. After all, some clients take to ACT like a duck to water. We do a bit of values, a bit of goal setting, a bit of defusion, and—presto!—all of a sudden they're up and running, living and growing and thriving, and we're smiling to ourselves, thinking, *Hey! This ACT stuff really works!*

But "success is not final." Some clients don't like ACT or don't respond to it, and working with them is like chipping away at concrete. Fortunately, "failure is not fatal." If a client doesn't respond, we can refer him to another therapist who works from a different model. Sure, I'd love it if every single person on the planet responded well to ACT, but clearly

this isn't realistic. So let's ease our grip on perfectionistic demands and excessive expectations and remember: "It is the courage to continue that counts."

"Courage" comes from the Latin word *cor*, which means "heart"; in other words, courage means doing what's in your heart. If we cultivate the courage to continue—to learn from our failures and mistakes, to reflect nonjudgmentally on what went wrong and what went right, to be self-compassionate when we make errors, and to continually invest in developing our knowledge and skills, then over time our successes will increase and our failures will decrease.

If ACT speaks to you at a deep level, if it helps you get in touch with your heart and do what matters, if you apply it to your own issues and allow it to transform the way you respond to life's challenges, and if you bring that sense of trust and confidence in the model into the therapy room with you, then you are well on the way to becoming a better ACT therapist.

Experiments

- Over the next week, notice which of the traps in this chapter you fall into, then see if you can rectify the situation. (If you don't have a clue as to how you can rectify it, that's not a problem; as you progress through the book, it will become clear.)
- If your mind starts beating you up for not being "good enough," you know what to do: thank your mind for the "lousy therapist" story, unhook yourself, and get present.

CHAPTER 2

Where Are You Going?

Have you ever found yourself a bit lost or confused, not quite sure precisely what you're trying to achieve with a client? If so, join the club. We're all likely to find ourselves in this situation, especially when new to ACT. Fortunately, ACT gets a whole lot clearer once we get our heads around case conceptualization.

The Basics of Case Conceptualization

The ACT model is incredibly flexible. We can start from any point of the hexaflex with any client in any session, and if we get stuck on one point, we can simply shift to another. However, such great flexibility can easily create anxiety for new ACT therapists who are looking for more structure. Indeed, when learning the model, most of us get somewhat fused with *But where do I start?* So let's take a moment to consider the basics. First, at any point in any session, we are doing one of two things:

- Developing psychological flexibility in the moment with the client
- Working to get there: developing an alliance where this can occur, supporting practice outside the room, or both

We generally start with the second task: building an alliance with the client through compassionately, mindfully, and respectfully taking a history. This process enables us to complete our case conceptualization, which we then use to pursue the first task: developing psychological flexibility in the client.

In any session, we are also always dancing between two key questions:

- What valued direction does the client want to move in?
- What's getting in the way?

If we can't answer the first question, that tells us we need to clarify values, set goals, or both. If we *can* answer the first question, we move on to the second question, where we encounter the four barriers to valued living: fusion, avoidance, disengagement, and unworkable action.

When addressing the first question (What valued direction does the client want to move in?), we cover some or all of the following:

- values clarification
- goal setting
- committed action
- skills training
- constructive problem solving

When addressing the second question (What's getting in the way?), we cover some or all of the following:

- For internal barriers, such as thoughts and feelings:
  - fusion → defusion
  - avoidance → acceptance
  - disengagement → contacting the present moment
- For external barriers:
  - values clarification
  - goal setting
  - committed action
  - skills training
  - constructive problem solving

Some readers may be a bit surprised at the inclusion of skills training, but this has always been a part of the ACT model under the banner of committed action. Many clients have deficits in important life skills, such as goal setting, planning, time management, self-soothing, assertiveness, communication, negotiation, or conflict resolution. So if there are skills a client needs to learn, further develop, or apply more effectively in order to create a rich, full, and meaningful life, the therapist should assist in the development of those skills. The therapist can either train the skills in session or refer the client elsewhere to learn them (e.g., a book, website, or, ideally, some sort of training course). Of course, all sorts of psychological barriers to such training will show up ("It's too hard," "It's too scary," "I don't have the time [money, discipline, willpower, etc.]," and so on), which the therapist then addresses through defusion, acceptance, willingness, and values.

Some readers may also be surprised to see constructive problem solving listed, especially given that many mindfulness interventions specifically aim to interrupt and replace a problem-solving frame of mind. For example, rumination and worrying are essentially problem solving gone haywire—the mind running around in circles in an attempt to solve painful problems from the past or scary potential problems in the future.

However, there are plenty of situations where constructive problem solving is extremely helpful, such as when attempting to solve financial, legal, social, or medical issues. Indeed, if a client lacks effective problem-solving skills, she will struggle to cope with life's demands and challenges. Such deficits often play a major role in borderline personality disorder and depression.

The Brief Case Conceptualization Worksheet

Now it's time for *you* to do a bit of skills training. Let's take a look at the following Brief Case Conceptualization Worksheet. I strongly encourage you to print out thirty copies of this worksheet and use them with your next thirty clients. If by the end of that time you don't find delivering ACT a lot easier and yourself a lot more effective in session, I'll be truly surprised.

You can photocopy the worksheet or download it from the free resources page on my website (www.actmindfully.com.au). (By the way, this is a revised and improved version of the worksheet I presented in *ACT Made Simple*. If you've been using that one, I encourage you to use this newer version.)

You'll see this worksheet is based on two key questions:

1. What stands in the way of vitality and flourishing?
2. What valued direction does the client want to move in?

The Brief Case Conceptualization Worksheet

Client's description of the main problem or problems:

What does the client want from therapy or coaching?

External barriers (as opposed to psychological barriers) to a rich, full, and meaningful life—e.g., legal, social, medical, financial, or occupational problems:

1. What stands in the way of vitality and flourishing?

    A. Unworkable action: What unworkable actions is the client taking?
    (What is the client doing that makes his life worse or keeps her stuck?)

    B. Fusion: What is the client fusing with?
    (Identify problematic fusion, including with reasons, rules, judgments, past, future, and self-description. Include anything the client says that throws you. Include specific thoughts, themes, schemas, and processes such as worrying and rumination.)

C. Experiential avoidance: What is the client avoiding *internally*? *(What thoughts, feelings, memories, urges, sensations, and emotions is the client trying to avoid or get rid of or unwilling to have?)*

2. What valued direction does the client want to move in?
(What domains of life seem most important to this client? What values seem important within those domains? What values-congruent goals and activities does the client already have and want to pursue? What does the client want to stand for in the face of challenges?)

Brainstorm
(What questions, exercises, worksheets, metaphors, tools, techniques, and strategies can you use in the next session? What strengths and inner resources does the client already have that could be utilized? Is skills training or problem solving required for the external barriers?)

Initial Questions

The worksheet begins with *the client's* description of the main problem or problems. This is important: we want to understand the client's conceptualization of his issues, knowing it will differ from our own.

After that, the worksheet asks, "What does the client want from therapy or coaching?" For example, does she have an emotional goal, such as to stop feeling anxious or depressed, or to start feeling happy or confident? Does she have a behavioral goal, like stopping smoking, starting to exercise, or improving a relationship? Does she have an insight goal, seeking the answer to a question such as "Why am I like this?" or "Why do I keep doing this?" Does she have a material goal, such as making money, buying a house, finding a partner, or getting a job? This is important information. If we can't answer this question, we need to ask the client in the next session.

Next, the worksheet asks about *external* barriers to vitality and flourishing; in other words, the obstacles that exist first and foremost in the outside world (as opposed to the internal barriers of fusion and avoidance). Are there legal issues, financial issues, social issues, medical issues, occupational issues, or even, in extreme cases, basic survival issues, such as food and shelter? In some cases, it may be necessary to tackle these external barriers first. All will require constructive problem solving and the formulation of an action plan informed by values. Many will also require skills training.

1. What Stands in the Way of Vitality and Flourishing?

The next section of the worksheet explores the internal psychological barriers to a rich and meaningful life. It has three subsections, covering unworkable action, fusion, and experiential avoidance.

A. Unworkable Action

In the section on unworkable actions, we record everything the client is doing that makes her life worse in the long term. This includes things she is procrastinating on or persistently avoiding; self-defeating habits such as excessive or inappropriate gambling or use of drugs or

alcohol; social withdrawal or isolation; mindless, impulsive, or reactive behaviors; and so on. Here we document *overt* avoidance: important people, places, activities, or situations that the client is actively avoiding.

B. Fusion

In the section on fusion, we record anything the client says that throws us, alarms us, angers us, or makes us feel stuck or anxious. (After all, if we're fused with it, we can be pretty sure that the same is true for the client!) We also document thought processes from any or all of the six main categories of fusion: fusion with reasons, rules, judgments, past, future, and self-description. We might also document specific thoughts, such as *I'm a loser*, or categories of thinking, such as worrying or rumination.

C. Experiential Avoidance

Recall that experiential avoidance means avoiding stuff *inside* ourselves: thoughts, feelings, and so on. If a client tells us he wants to stop feeling a certain way, stop having certain thoughts, or get rid of certain memories, we write those private experiences in this section. Avoiding external stuff—people, places, situations, and so on—is technically called *overt* avoidance, and it belongs in section 1A, on unworkable action.

In this section, on *experiential* avoidance, we identify the private experiences the client is trying to avoid, escape, or get rid of: emotions, thoughts, feelings, urges, memories, sensations, cravings, and so on. Note that the actions the client takes to avoid these experiences, such as ingesting drugs or alcohol, belong in section 1A, on unworkable action.

Keep in mind that people often try to avoid the very thoughts and memories they are fused with and that they also often fuse with internal events that they are avoiding. If we wonder, *Is this avoidance or fusion?* it's probably both, so we record it under both 1B and 1C.

We may initially have to guess at what private experiences the client is avoiding. We can make a good start by documenting any emotion, feeling, sensation, urge, memory, or thought the client identifies as a barrier to the life he wants. For example, if the client says, "I want to do X, Y, and Z, but I can't because I feel too anxious," then clearly he wants

to avoid or get rid of anxiety. If the client says, "I can't stop drinking because the cravings are too strong," then clearly he wants to avoid or get rid of his cravings. If the client wants to get into an intimate relationship but won't because he's afraid of rejection, we would write "fear of rejection" in this section. Therefore, when the client mentions a goal or course of action he'd like to pursue, a useful question is "What's stopping you?" The answer frequently reveals the client's experiential avoidance.

We also need to be alert for emotional goals, such as "I want more confidence" or "I want to be happier." We could record these in section 1B, since they represent fusion with rules, such as "I have to feel more confident before I can do the things that matter." However, emotional goals often point to thoughts and feelings the client is trying to avoid. For example, the client who wants more confidence is generally trying to avoid anxiety, self-doubt, and fear of failure, in which case we would record those thoughts and feelings in section 1C.

2. What Valued Direction Does the Client Want to Move In?

In section 2, we identify domains of life important to the client: e.g., parenting, work, friendships, marriage, environment, leisure, or health. If this isn't clear, we can consider what domains of life the client focuses on. What does she get angry or anxious about, complain about, feel guilty about, or dwell on?

Next, we consider what values seem important to the client within that domain. If we can't write down values for a client, that's useful information too. It tells us that we need to do some values clarification. In the meantime, we can take a guess as to what her values may be and then check out our hunch in the next session. In addition, we consider whether the client already has some meaningful goals or ongoing meaningful activities within that domain. If so, what values might be linked to them?

Keep in mind that strong emotions are often linked to important values. So a useful question to ask clients is "What does this emotion tell you about what really matters to you, deep in your heart?"

Brainstorm

Once we've completed as much of the form as possible, it's time to brainstorm: what tools, techniques, strategies, questions, metaphors, worksheets, or experiential exercises could we employ to address any of the subsections on the form? What intervention might facilitate even a tiny shift from fusion to defusion, from experiential avoidance to acceptance, or from unworkable to workable action? What strengths and inner resources does the client already have that he can utilize in the service of valued living? Here, we also consider whether constructive problem solving or skills training is necessary.

Where to Start?

If you read a variety of different ACT protocols, you'll find they start from different points on the hexaflex, and some of them even start from creative hopelessness. Indeed, as you get more fluent and flexible in ACT, you'll find yourself "dancing around the hexaflex," doing all of the core processes in every session. In the meantime, here are some very loose guidelines that can help if you aren't sure where to start.

- If a client lacks motivation, start with values clarification to get him inspired and motivated. (Without this, why would he bother to do the hard work?) Likewise, values and goal setting are a good place to start with high-functioning clients, especially those presenting with relationship or work issues.
- ACT protocols created for clients with a great deal of experiential avoidance, such as those with borderline personality disorder and many clients with PTSD, generally start with gentle and compassionate creative hopelessness and then move to defusion and acceptance.
- For clients who present in crisis, panic, or dissociative states, it's often useful to start with simple grounding or centering exercises.
- For clients with major grief or loss, it's generally best to start with self-compassion.

- For clients who are already acting on their values but are going through the day disengaged or caught up in their thoughts, we might start with contacting the present moment: learning how to engage fully in life.

Personally, I try to start with values clarification and goal setting with every client. When I encounter clients who are completely unable to identify values or who block any attempts to contact their values, I instead move to defusion and acceptance.

The truth is, it doesn't matter too much where we start because all points on the hexaflex are interconnected, and all play an essential role in psychological flexibility. The basic rule is that if we get stuck in any one area, we move to another. Then, later, we come back to where we got stuck. This is the "hexaflex dance."

Also remember that we don't have to achieve something dramatic. Small changes in the short term often have dramatic effects in the long term; this is the so-called domino effect.

Experiments

If you find the Brief Case Conceptualization Worksheet difficult to use at first, that wouldn't be surprising. But like everything in life, it gets easier with practice. So your challenge for this week is to photocopy (or download and print) at least one copy of this form and use it with at least one client.

If you want to, you can share the conceptualization with the client and get her feedback. This can be an effective intervention in itself, and you can use it to set an agenda for the session.

If you really want to get skilled at using the worksheet, print out thirty copies and either use one with each of your next thirty clients or use one per day for the next thirty workdays.

CHAPTER 3

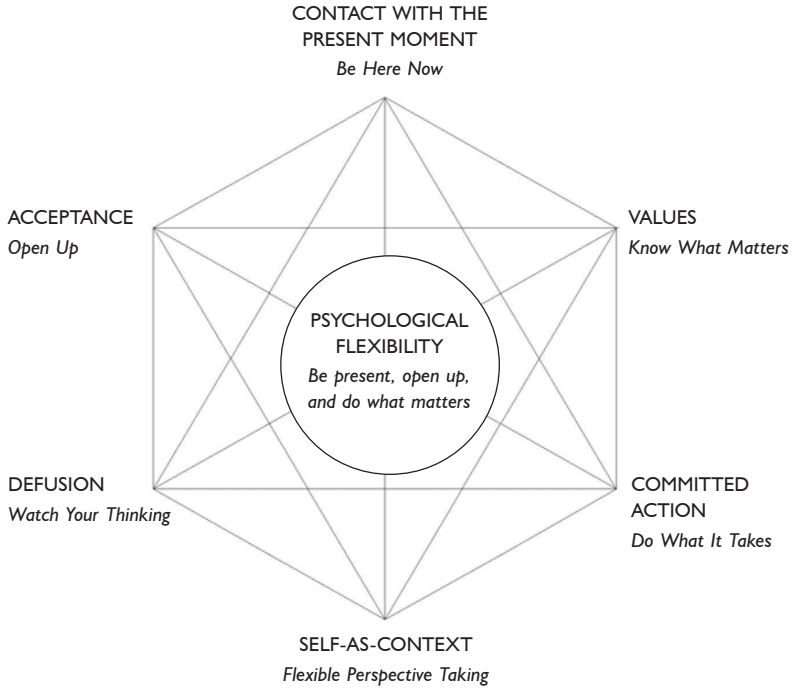
Flexibility and Reinforcement

When we are new to ACT, most of us do it in a somewhat formulaic manner. I call this "chunky ACT" because we tend to do a chunk of defusion, a chunk of values, a chunk of acceptance, and so on. We also tend to move from one chunk to another in a prescribed manner, using a narrow range of standard metaphors and exercises, somewhat like following a protocol. This is perfectly natural—and a good place to start.

However, over time we aim to develop a more fluid and flexible way of working, moving freely and rapidly between processes so as to respond most effectively to the ever-changing demands of the ever-changing situation—in other words, dancing around the hexaflex.

The Hexaflex Dance

Please take a look at the diagram below to refresh your memory of the hexaflex.



The more fluidly we can dance around the hexaflex, the less likely we are to get stuck in session. If we get stuck while working on one corner, we can simply shift to another. Then, later, we can return to wherever we got stuck.

For example, suppose we introduce values and the client says, "This is a waste of time. My life sucks and there's no point trying to change it." We could then dance across to defusion: "It seems as though your mind isn't too keen on us exploring this. Any other objections it wants to make?"

Or suppose that, in a values exercise, the client gets flooded with guilt. We could then dance across to acceptance: "So where are you feeling this in your body right now? See if you can breathe into it. Place a hand over the feeling and see if you can hold it gently."

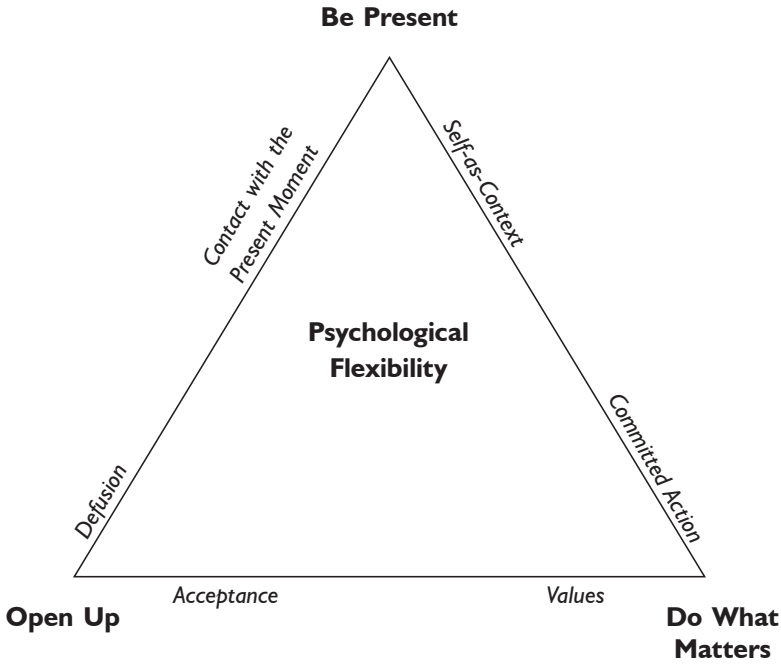
Or suppose we're working on acceptance of anxiety but the client is finding it hard. We could dance over to values: "Just take a moment to remember what this work is about: being there for your kids—loving

them and caring for them the way you truly want to, deep in your heart. If you need to make room for this anxiety in order to be the sort of mother you want to be, are you willing to drop the struggle with it?"

At first this dance may seem daunting, but we can make it easier if we reimagine the hexaflex as a triflex.

Dancing around the Triflex

Here's a diagram of the triflex, which compresses ACT's six core processes into three.



- At the top we have "Be Present": contacting the present moment and self-as-context.
- To the left we have "Open Up": acceptance and defusion.
- To the right we have "Do What Matters": values and committed action.

Thus, in terms of the triflex, psychological flexibility is the ability to be present, open up, and do what matters: to direct our attention, with curiosity and openness, to whatever matters most in this moment; to open ourselves fully to our experience, making space for all our thoughts and feelings; and to act in accordance with our values.

If we're working on the right corner ("Do What Matters") and the client becomes fused or avoidant, we can dance to the left corner ("Open Up") and help the client defuse from difficult thoughts or accept painful feelings.

Similarly, if we're working on the left corner ("Open Up") and the client is holding on tightly to a thought or fighting against a feeling, we can shift to the right corner ("Do What Matters"). For example, we can ask the client, "If you hold on tightly to that thought, will it help you be the person you want to be and do the things you want to do?" Likewise, we can ask her to consider what matters enough that she would be willing to make room for the difficult feeling.

Finally, if we get stuck at either the left or right corner (or both), we can simply come back to center and focus on being present. Being present is a powerful fallback position, as it's hard for fusion and avoidance to thrive when we're fully in contact with the present moment.

To ground the client in the here and now, we first get her to notice the external and physical aspects of her experience: where she is, what she's doing, and what she can see, hear, touch, taste, and smell, or some combination of those elements. Then, as she's noticing all of this, we ask her to also notice her thoughts and feelings. This naturally segues into defusion and acceptance, as both processes begin by simply noticing what thoughts and feelings are present.

Consider, for example, the client who is at the extreme end of fusion, avoidance, and unworkable action. Such a client is likely to have major problems in every important area of her life (and has probably been given a daunting diagnostic label, such as borderline personality disorder). Now suppose that the first time we meet this client, she enters the room already in a state of acute crisis or shock, or that within the first few minutes of the session she becomes extremely distressed or agitated. What could we do?

Dropping Anchor

The obvious option is to go straight to the top of the triflex and help the client ground herself. I find the following technique, which I call Dropping Anchor, extremely helpful here.

Therapist: I'm sorry if this seems rude, but can I please interrupt you for a moment? I want to hear the rest of your story, but there's something we need to do first. You see, at the moment, you're all caught up in an emotional storm. There are all sorts of painful thoughts and feelings whirling around in your body and mind, and while you're being swept away by that storm, there's nothing effective you can do. So is it okay if we take a moment to drop an anchor? An anchor doesn't make the storm go away; it just holds you steady until the storm passes. Is it okay if we take a moment to do this, and then you can tell me the rest of it? *(Once the client agrees, the therapist continues with the grounding or centering process.)* Thanks.

Well, keep noticing that anxiety in your body and those scary thoughts in your head and simultaneously push your feet into the floor, really hard. And sit up straight, and get a sense of your body in the chair. And look around the room and notice what you can see and hear. And see if as well as noticing your body in the chair, and your feet on the floor, and the room around you, and the anxiety in your body, and the thoughts in your head…see if you can also be really present with me. Get a sense of you and me, working together, in this room, right here and now, doing something important.

Notice that in the above transcript the therapist isn't merely talking about ACT; he's doing it. He has moved straight into active intervention, even though it's just the first session!

What if the client were to have a flashback or start dissociating? In that case, we could drop the metaphor about the emotional storm and move straight into grounding or centering. Indeed, we could do this brief grounding intervention five, ten, or twenty times throughout the

session—as often as needed to keep the client psychologically present—and then ask her to practice the technique between sessions.

Also notice how the therapist avoids sending mixed messages during the grounding process. He asks the client not only to notice her feet on the floor, her body in the chair, what she can see and hear, and so on, but also to notice her anxious thoughts and feelings. Without the latter instruction, the client would probably assume that the purpose of grounding is to distract herself from painful thoughts and feelings.

Grounding or centering techniques are an excellent first-line response with any client who is overwhelmed by pain, highly fused, in crisis, having a panic attack, having a flashback, or dissociating. Once the client is back to being present, we can then gently return to either opening up or doing what matters.

The Dropping Anchor technique is also a great starting point for any client who presents in great distress or is grappling with a pressing problem. In these situations, many therapists go straight into problem-solving mode even though the client is in a state of high fusion and avoidance. However, this is likely to be ineffective, as it's hard to think clearly in such states, and it also misses the opportunity to teach the client an incredibly useful mindfulness skill. It's best to ground the client first and then move on to constructive problem solving.

Of course, some clients get very distressed because their problem or issue can't be solved right away. This clearly calls for acceptance, and dropping an anchor is a powerful first step.

Therapist: Obviously you want to resolve this issue as fast as possible, and shortly we'll brainstorm everything you can possibly do. But first let's be realistic: This problem is highly unlikely to be fixed or solved in the next twenty-four hours. So we need to consider what you want the next twenty-four hours to be about. You could spend them being helplessly tossed around in an emotional storm, or you could drop an anchor to steady yourself so the storm can't toss you around so easily. Then, maybe once you're anchored, you can use some of that time to do something practical, purposeful, or life enhancing.

Client Like what?

Therapist: Well, we'll get to that shortly. First, how about we drop an anchor?

Model, Instigate, and Reinforce

As you know, the entire ACT model rests on the concept of workability: "Is what you're doing working to give you a rich, full, and meaningful life?" If the answer to this question is yes, then we say the behavior is workable. And if the answer is no, it's unworkable.

You also probably know that ACT is based on behavior analysis. To a behavior analyst, the term "behavior" simply means "something an organism does." Thus, to a behavior analyst, thinking, feeling, and remembering are all considered to be behavior because they are all something an organism does.

During any session, we look for two types of behavior: workable and unworkable.

When we identify workable behavior, we want to reinforce it—to do something that leads to the persistence or increase of the behavior. And when we identify unworkable behavior, we want to interrupt it and instead reinforce an alternative, workable behavior. (Behavior analysts call this differential reinforcement.)

Thus, in any ACT session we aim to continually model, instigate, and reinforce the six core ACT processes.

Modeling ACT Processes

We model the six core ACT processes by embodying ACT in the room: We work from a mindful, compassionate, values-congruent mindset. We pay attention with openness and curiosity. We defuse from our own unhelpful mind chatter. We willingly make room for our own discomfort in the service of helping the client. And we stay in touch with our values as a coach or therapist: compassion, respect, integrity, authenticity, caring, connection, contribution, and so on.

Instigating ACT Processes

We also want to actively instigate psychological flexibility in each session. In other words, we want to induce the client to practice mindfulness, connect with values, set goals, and take action, *during the session itself*. There are two main ways to do this, which often overlap: structured exercises, and noticing and commenting.

Structured Exercises

When new to ACT, we tend to stick to structured exercises: physical metaphors (those that are acted out); verbal metaphors (those that are described); worksheets; specific techniques such as singing thoughts or thanking one's mind; and experiential exercises such as mindful breathing, visualizing thoughts as leaves floating down a stream, or imagining one's own funeral.

Noticing and Commenting

As we get more familiar with ACT, we realize that we can instigate core processes simply by commenting on what's happening. For example, we can instigate defusion by asking the client questions such as "Can you notice what your mind is telling you right now?" or "Do you notice how your mind keeps pulling you back to this topic?" We can instigate acceptance through comments such as "How are you responding to this feeling right now? Actively fighting it? Putting up with it? Dropping the struggle with it?" And we can connect with values through comments like "It seems as though this is really important to you. What is it that matters about this?"

Reinforcing ACT Processes

When we notice signs of psychological flexibility in session—connecting with values, defusing from unhelpful thoughts, accepting discomfort, engaging in the here and now, practicing self-compassion, and so on—these are all instances of workable behavior. So let's actively reinforce them as they occur. There are many ways to do this. We might share with the client what we're noticing and comment on it in a way that's likely to be perceived as encouraging or appreciative. We can show

curiosity about how the client is doing the behavior. We might ask the client to notice what she's doing and the effect it's having. Or we can share with the client how her behavior makes us feel or what impact it has on the therapeutic relationship. Here are some examples to get you thinking about how you can reinforce ACT processes in session:

- "I can't help noticing that you seem really engaged right now. Earlier in the session you seemed a bit distant and distracted, but now you seem really present. Do you notice that yourself? What difference does that make to you? Are there any other times when you're are engaged like this, in other areas of your life?"
- "Wow! When I see you getting in touch with your values like that, it really touches me. I feel humbled."
- "Did you notice that? For a moment there, your mind had you completely hooked. And then you just unhooked yourself and came back. How did you do that?"
- "My sense is that even though you're in great pain here, you're also really present with me—really engaged. A few minutes ago there seemed to be a wall between us, but now it seems to have come down."
- "I have to admit, I'm impressed. You've been struggling with anxiety for so long, and yet for the last few minutes you've been sitting there and not fighting with it. What's that like for you? Does it make any difference to our interaction here? I'm curious: is it any easier for you to be really present when you're not struggling with those feelings so much?"
- "Thank you so much for sharing that with me. I feel privileged."

Note that we can't possibly know for sure whether such interventions will be reinforcing or not for the behavior. Initially, we have to make a guess: what can we say and do that we *think* will be reinforcing? Then we try it and mindfully assess the consequences.

Thus, if we use one of the strategies above but it elicits fusion and avoidance, we would conclude that the intervention *wasn't* reinforcing (for that particular behavior). If, however, it leads to an increase in the client's workable behavior, then the intervention *was* reinforcing (for

that particular behavior). Unfortunately, just because something is reinforcing for one particular behavior doesn't mean it will be for another one, so whenever we target a new behavior, we have to make an educated guess as to how we can reinforce it and then mindfully assess the results.

Encouraging Workable Behavior between Sessions

In addition to modeling, instigating, and reinforcing workable behavior in session, we want to encourage it as much as we can between sessions. Thus, toward the end of each session we ask the client to commit to some form of action. This could be anything from practicing a mindfulness technique or filling in a worksheet to following through on a specific values-congruent goal or simply observing his behavior in certain contexts and noting the consequences.

Then we want to start off the next session by asking the client if he followed through. If instead we open the session with an everyday conversation starter like "How's your week been?" or "How are you today?" we run the risk of wasting a lot of time on unfocused, unhelpful, or irrelevant conversation. It's better to choose a more focused opener along these lines: "At the end of the previous session, we talked about you doing X, Y, and Z. Is it okay if we kick off today by talking about how it all went?"

If the client reports positive progress, we might then say things such as these: "Wow! That sounds great." "How did you do that?" "I wish I could have seen that." "What difference did that make?" "I'm impressed." "How else have you applied that?" "Any other benefits?" "Was your wife pleasantly surprised?" "As you're telling me about this, you look really alive and energized." What we're hoping to do here is encourage more such behavior outside the room. (There are, of course, no guarantees that this will happen.)

What if the client doesn't report positive progress? In that case, we focus first and foremost on self-acceptance and self-compassion, and then we move on to addressing the various barriers and obstacles to action as described in part 2 of this book.

Differential Reinforcement

Suppose a client exhibits unworkable behavior throughout most of the session; for example, continually worrying, ruminating, beating himself up, blaming others, struggling with his feelings, etc. And suppose the therapist practices "supportive counseling"; in other words, she does little more than listen compassionately, empathize a lot, and give words of support and encouragement. What is the likely outcome?

In the short term, the client is likely to feel better. After all, someone has just listened to him compassionately and respectfully and acted in a kind and caring way. However, because the client was so well rewarded (with kindness, care, and respect) for his unworkable behavior (worrying, ruminating, blaming, etc.), there's a high chance that the unworkable behavior will actually *increase*. In other words, the therapist is probably reinforcing the client's unworkable behavior. Rather than helping the client, she's keeping him stuck.

So when unworkable behavior occurs in session, we want to interrupt it and instigate and reinforce a different, more workable behavior—in other words, provide differential reinforcement. For example, we might share with the client what we're noticing, ask him to notice what he's doing and what effect it's having on him, or share with him how his behavior makes us feel and what impact it has on the therapeutic relationship. There are many examples of how to do this in part 2 of the book.

Experiments

Reflect on some recent sessions and see if you can identify instances of workable and unworkable client behaviors. Can you identify any times when you actively reinforced workable behavior?

Come up with simple ways of your own that might actively reinforce workable behavior when you see it occur in session. Then try them out with your clients and assess the results—keeping in mind that what's reinforcing for one client may not be for another.

If you currently have a client who is very stuck, reflect carefully on your previous session. What unworkable behavior occurred in session? Might you have inadvertently reinforced it by playing the role of good listener or nice guy? What's a more workable client behavior that you could differentially reinforce in the next session?

CHAPTER 4

Triggers and Payoffs

Do you ever have clients who say things like "I really want to understand myself," "I want to change, but I don't know how to," "I don't know why I keep doing it," or "I really want to stop, but I can't seem to help myself"? Do you ever encounter unworkable behavior that you don't know how to target effectively?

If so, you'll be pleased to know this chapter addresses these issues. We're going to look at a powerful tool—indeed, perhaps the ultimate ACT tool—that will help us generate a wide range of effective interventions for any unworkable client behavior and also help our clients understand their own behavior in order to manage themselves more effectively.

Triggers, Behavior, and Payoffs

All behavior, workable or not, is purposeful; it is always intended to achieve an outcome of some sort, whether we're aware of it or not. In order to figure out the intention or purpose (function) of the behavior, we need to gather information in three categories: triggers, behavior, and payoffs, as illustrated in the chart below. (Note that the chart is organized sequentially, from triggers to behavior to payoffs; however, because the behavior we wish to target is the starting point in a functional analysis, it's filled in first and therefore I discuss it first in the sections that follow.)

Triggers *(situation, thoughts, and feelings that precede the behavior)*	**Behavior** *(something an organism does)*	**Payoffs** *(outcomes of the behavior that keep it going)*

Behavior

As discussed in chapter 3, the word "behavior" simply means something an organism does. Public behavior is something an organism does that can potentially be directly observed by others. Note the word "potentially"; if you're drinking alcohol all by yourself, totally alone in the house, it would still be classed as public behavior because, even though you're doing it in private, it could *potentially* be observed by others—for example, if there were a video camera mounted on the wall. In everyday language, we commonly refer to public behaviors as "actions."

Private behavior is something an organism does that can be directly observed only by the organism itself. In humans, private behavior includes such activities as thinking, fantasizing, and remembering; no one can directly observe these activities other than the person doing them.

However, if we write down our thoughts, fantasies, and memories or talk about them aloud, the action of writing or speaking would be public behavior because it could potentially be observed by others. (A note for budding neuroscientists: yes, an MRI or PET scanner can observe patterns of electrochemical activity in the brain, but it can't observe the words and pictures that the person in the scanner is experiencing inside her own head.)

Triggers

"Triggers" is the user-friendly layman's term for directly relevant events that immediately precede the behavior. The technical term in behavior analysis is "antecedents." The triggers, or antecedents, for a client's behavior typically include the situation she's in and the thoughts and feelings she's having. (In this book, the phrase "thoughts and feelings" means any and all private experiences, including cognitions, sensations, urges, memories, emotions, and images.)

Payoffs

Payoffs are the immediate outcomes of a behavior that keep it going. In behavior analysis, these are called "reinforcing consequences": the immediate outcomes of a behavior that lead to it persisting or increasing. (Note: if the immediate outcomes of a behavior lead to it *reducing* over time, they are known as "punishing consequences." The emphasis in ACT is on the reinforcement of workable behavior, rather than on the punishment of unworkable behavior, so henceforth, we will not be discussing punishment in this textbook.)

Spot the Function

In behavior analysis, we are not as interested in the *form* of a behavior—what it looks like to an outside observer—as we are in the *function* of that behavior. Loosely speaking, the function of a behavior is the purpose of it: what it is intended to achieve. To spot the function of a behavior, we have to answer three important questions:

- **Behavior:** What is the client doing?
- **Triggers** (antecedents): What situations, thoughts, and feelings immediately precede the behavior?
- **Payoffs** (reinforcing consequences): What outcomes of the behavior keep it going?

Here's a functional analysis of the behavior of a client with marijuana addiction, using the triggers, behavior, and payoffs formula.

Triggers *(situation, thoughts, and feelings that precede the behavior)*	**Behavior** *(something an organism does)*	**Payoffs** *(outcomes of the behavior that keep it going)*
Situation: *Alone at home at night* **Thoughts:** *"I have no friends." "I wish I had a social life."* **Feelings:** *Sadness, loneliness, anxiety, boredom, the urge to smoke dope*	*Smokes marijuana.*	*Feeling of relief.* *Painful thoughts, feelings, and urges disappear.*

In the chart above, we can easily see the intention of the behavior: to escape from painful thoughts and feelings. For this particular client, the payoff is a big one; no wonder the drug use continues. (In behavior analysis terms, we'd say the consequences of the behavior are highly reinforcing.)

Here's another triggers, behavior, and payoffs chart for the same client.

Triggers *(situation, thoughts, and feelings that precede the behavior)*	**Behavior** *(something an organism does)*	**Payoffs** *(outcomes of the behavior that keep it going)*
Situation: *Trying to quit smoking marijuana; hasn't smoked any for 24 hours; now in acute withdrawal* **Thoughts:** *"This is so hard." "I need a joint." "I can't hold on much longer."* **Feelings:** *Anxiety, withdrawal symptoms, urge to smoke dope*	*Smokes marijuana.*	*Feeling of relief.* *Painful thoughts, feelings, urges, and withdrawal symptoms disappear.*

Again, the triggers and payoffs clearly point to the function of the behavior: escape from painful thoughts and feelings. And again, for this client, it's a big payoff (the consequences are highly reinforcing); marijuana use persists, despite attempts to quit.

So when clients ask us, "Why do I keep doing this?" it's very useful to divide a piece of paper into three columns, as above, and take them through a triggers, behavior, and payoffs analysis. To help you develop this skill, which I guarantee will increase your effectiveness in ACT, think of three clients who fit the three examples below. I've given you the behavior (to keep it simple, in each case it's a public behavior); your job is to complete the triggers and payoffs. Remember, the triggers and payoffs are events that occur immediately before or after the behavior in question; apart from a few rare exceptions, there must be a very brief interval of time between the behavior and the event that precedes or follows it in order for that event to function as a trigger or payoff.

Triggers *(situation, thoughts, and feelings that precede the behavior)*	**Behavior** *(something an organism does)*	**Payoffs** *(outcomes of the behavior that keep it going)*
	An addictive behavior (e.g., drugs, alcohol, gambling)	
	Social withdrawal	
	Suicidal behavior (e.g., she says she is going to kill herself)	

Please complete this exercise before reading on. It's essential that you grasp this concept. Even if you've never had clients with issues such as these, please take the time to imagine what some possible triggers and payoffs might be for some people with these behaviors. (If you're completely stumped, no worries. I've created answers to these questions in a document that you can download from the free resources page at www.actmindfully.com.au.)

Revisiting Workability

Hopefully you are now clear on the concepts of workable and unworkable behavior:

With workable behavior, the payoffs are flourishing, vitality, and a rich, full, and meaningful life experience.

With unworkable behavior, although the behavior has payoffs such as avoiding pain or feeling good, it also has significant long-term life costs: increased suffering, lack of fulfillment, loss of vitality, and a life experience lacking in richness, fullness, and meaning.

Conversations or Columns?

Keep in mind that you don't have to draw out a three-column triggers, behavior, and payoffs chart for clients. If you prefer, you can do this in a conversational style. However, it is often very useful to draw up such a chart. Why? For one thing, you can give it to the client to take home, to help him remember what you talked about. But more importantly, once you've drawn it up, you can use it to generate interventions, as described below.

Gathering Information

Let's begin this section with a triggers, behavior, and payoffs chart for a client who wants to stop worrying.

Triggers *(situation, thoughts, and feelings that precede the behavior)*	**Behavior** *(something an organism does)*	**Payoffs** *(outcomes of the behavior that keep it going)*
Situation: *At work, a few hours before a second date with a new girlfriend* **Thoughts:** *"She'll think I'm boring." "I'll run out of things to talk about." "When she finds out what I'm really like, she'll dump me." "I'm setting myself up to be rejected yet again!" "It's all going to go wrong."* **Feelings:** *Anxiety, fear of rejection*	*Worrying*	*Provides distraction from unpleasant feelings in the body.* *Creates a sense of working hard to solve the problem.* *Helps prepare for the worst.*

Recording the Behavior

In this case, we're going to put a private behavior in the behavior column. (Note that it's best to restrict this column to either a public or a private behavior. If we include both, it gets confusing.)

Identifying the Triggers

Once we've filled in the behavior column, we move to triggers. Of course, many clients can't readily identify their triggers. In such cases, we attempt to recreate the triggering situation and identify the triggering thoughts and feelings. Here are a couple of ways we might do this:

- "Is it okay if we rewind the session to just before you did X *(non-judgmentally naming the problematic behavior that has just occurred)* and see if we can identify what triggered it? The behavior started right after I asked you that question about your values. So if it's

okay with you, I'm going to ask you the very same question again, but this time all I want you to do is pause for ten seconds, notice what thoughts and feelings show up, and see if you have any urge to repeat that behavior."

- "Okay, see if you can remember the last time this happened. Picture the scene as vividly as you can, as if it were happening right now. *(The therapist then asks a string of questions to identify the situation, thoughts, and feelings, along the following lines.)* Where are you?… What are you doing?… What time is it?… What can you see and hear?… What are you doing?… Who's there with you?… What is the other person saying or doing?… How are you feeling?… What are you thinking?"

Identify the Payoffs

Next, we fill in the payoffs column. Again, clients often can't readily identify the payoffs, so we need to do some psychoeducation. We explain that almost all types of "problematic" behavior have four main categories of payoff (which frequently overlap with each other):

- We get to feel good.
- We get to avoid or get rid of uncomfortable thoughts and feelings.
- We get to escape from an unpleasant situation.
- We get attention.

After we explain this, we can ask the client if he gets any of these benefits when he does the behavior in question. In the example that follows, the client came to therapy for anger management. He could readily identify the triggers for his aggressive behavior, but he was either unwilling or unable to see the payoffs. Here's what his triggers, behavior, and payoffs chart looked like.

Triggers *(situation, thoughts, and feelings that precede the behavior)*	**Behavior** *(something an organism does)*	**Payoffs** *(outcomes of the behavior that keep it going)*
Situation: *My wife was complaining because I came home very late.* **Thoughts:** *"She's such a nag." "She's always on my back." "Why can't she give me a break?"* **Feelings:** *Anger, frustration*	*Yelling, swearing, smashing things, threatening violence*	

Note: This may be stating the obvious, but we always describe the behavior in nonjudgmental terms. We'd never describe it as "nagging your husband" or "lazing around like a slob on the couch"; rather, we'd say "repeatedly reminding your husband, in an irritated tone of voice, to do something" or "spending six hours on the couch reading magazines, snoozing, and watching TV." Thus, in the chart above, you see a nonjudgmental description of the aggressive behavior, rather than judgmental terms such as "bullying" or "abuse."

Here's how the therapist helped this client clarify the payoffs.

Therapist: Sometimes it's not easy to recognize the payoffs of our behavior. However, they generally fall into four main categories: they make us feel good, they stop us from feeling bad, they get us out of a difficult situation, or they get us attention. Now it seems that at least one of your aims was to get out of a difficult situation. You've described that here as *(quoting from the triggers column)* wanting to get a break, to get your wife off your back. Did that happen?

Client: Yeah, she ran off to the bedroom.

Therapist: Okay, so right there you have one huge payoff: your behavior got you out of an unpleasant situation. Did you feel a sense of relief?

Client: You bet I did!

Therapist: So there are two more payoffs: you got rid of some unpleasant feelings of anger and frustration, and you got to experience some good feelings.

If, despite this approach, the payoffs aren't clear to the client, we can nonjudgmentally describe them to the client.

Once we have completed the payoffs column, we could return to the concept of workability, as in the following example, which continues the preceding scenario.

Therapist: *(Points to the behavior column.)* So this behavior has some real payoffs for you. *(Points to the payoffs column.)* It gets you out of this situation *(pointing to the situation in the triggers column)*, gets rid of these thoughts and feelings *(points to the thoughts and feelings in the triggers column)*, and gives you a feeling of relief. But let's come back to this for a moment. *(Picks up the Bull's-Eye Worksheet* [described in chapter 6] *and points to the relationships domain.)* This is what you wanted to work on: your marriage, right? So in terms of building the sort of marriage you want, does this behavior take you closer to the bull's-eye or farther away?

Once the client contacts the unworkability of his behavior, the therapist can then look at alternative workable behaviors. But before we move to the topic of generating effective interventions based on functional analysis, please note that processes such as worrying and rumination tend to have the same reinforcing consequences for most people: First, they are highly cognitive processes that pull us into our thoughts and therefore help us avoid unpleasant feelings in the body. And second, they give us a sense of working hard to solve our problems. Many clients are unaware of these payoffs, in which case we can explain them; it's an important piece of psychoeducation. However, clients who worry a lot are usually aware of another common payoff: It helps them prepare for the worst-case scenario. In the functional analysis chart for the client who was worrying while at work, earlier in this chapter, you can see all three of these payoffs.

Generating Effective Interventions

Once we've filled in the chart, we can readily generate interventions based on mindfulness, values, or both, from any corner of the triflex. Using the example of the client who was worrying while at work, we might go to the "Do What Matters" corner and ask the client about his values in the workplace. Suppose he identifies values such as productivity, efficiency, or skillfulness. In that case, we might say, "So although I'm probably stating the obvious here, it seems like worrying while you're on the job doesn't help you live by those values."

Once the client identifies that worrying is unworkable, we can consider alternative behaviors that are workable. Again, we can select these from any corner of the triflex. For example, we might select behaviors from the "Open Up" corner.

Therapist: *(Points to the triggers column.)* It seems like it would be useful if, next time these thoughts and feelings arise, you could handle them differently so that they have less impact and influence over you. Instead of worrying, could you do something more effective?

The therapist can now introduce new "Open Up" behaviors: defusion techniques for the worry thoughts and acceptance techniques for the physical sensations of anxiety.

Alternatively, we could begin with the "Do What Matters" corner and remain there.

Therapist: So it seems like it would be useful if, next time these triggers arise, you could do something else instead of worrying—something that might help you act more effectively on your values.

The therapist can now introduce new "Do What Matters" behaviors, such as constructive problem solving or making effective action plans.

Of course, we could also start with the "Be Present" corner.

Therapist: So it seems like when these thoughts and feelings arise, it's very hard for you to stay focused on the task at hand. In a sense, that's what "worrying" means: getting so caught up in thoughts about what might go wrong in the future that we lose touch with what we're doing in the

here and now. And naturally, the more distracted and unfocused you are, the more your work suffers. One thing that can really help here is to learn the skill of task-focused attention. That means developing the ability to keep your attention on the task at hand instead of getting hooked by your thoughts and feelings. The great thing about task-focused attention is that it's not just an antidote to worrying; it's also the key to success in any area of life. If we want to do anything well, from driving a car to making love, from playing tennis to cooking dinner, we need to stay focused on and engaged in what we're doing.

The therapist can now introduce all manner of "Be Present" behaviors to help train task-focused attention: mindful breathing, mindful walking, mindful eating, mindful drinking, mindful listening, mindful tying of shoelaces, and so on.

Last but not least, we can look at the payoffs column in terms of workability, contrasting the payoffs with the life costs. To illustrate this, let's return to the earlier example of the client with a marijuana addiction.

Therapist: *(Points to the behavior column.)* So when you smoke marijuana, it clearly gives you some big payoffs. *(Points to the payoffs column.)* It instantly gets rid of all these unpleasant thoughts and feelings, and it makes you feel good, chilled, and relaxed. But what does it cost you in the long term?

The therapist now gets the client to psychologically contact the long-term costs of the behavior. To do this, she may ask the client questions such as "In the long term, does this work to give you the life you want?" or, more specifically, "Does this work to give you the marriage [career, physical health, etc.] that you want?" or "What effect does this have on your relationship?" or "Does this help you be the sort of father you want to be?"

If the therapist is using the classic Bull's-Eye Worksheet, she might ask, "Does this take you closer to the bull's-eye or farther away from it?" (If you're unfamiliar with the Bull's-Eye worksheet, a very powerful ACT

tool, I suggest you turn to chapter 6, where it is described in detail, before continuing with this chapter.)

Benefits of Functional Analysis

Please take a moment to reflect on just how useful a functional analysis (i.e., triggers, behavior, and payoffs) can be. (In behavior analysis, it's called an ABC analysis, for antecedents, behavior, and consequences.) Functional analysis can help us and our clients understand the function of any behavior whatsoever—from purging to overeating, from rumination to revenge fantasies, from suicide attempts to gambling, and from seeking reassurance to avoiding parties. It enables us to clarify not only what motivates the behavior (triggers), but also what maintains it (payoffs). In addition, it paves the way for a good, open, honest look at the workability (i.e., the payoffs versus the costs) of any given behavior. Finally, it also enables us to generate numerous interventions from any part of the hexaflex or triflex. In other words, it is the ultimate tool for getting unstuck in ACT!

Experiments

Do two triggers, behavior, and payoffs analyses right now. Pick two clients you're currently working with, choosing one public behavior and one private behavior.

Use the triggers, behavior, and payoffs charts generated for those two clients to brainstorm interventions for their next sessions.

In the next week, do at least one triggers, behavior, and payoffs analysis in session with a client,

If you'd like to learn more about behavior analysis, the best beginners-level book is *The ABCs of Human Behavior* (Ramnerö & Törneke, 2008).

PART 2

Getting Our Clients Unstuck

CHAPTER 5

The Reluctant Client

The reluctant client comes in many different shapes and sizes. She may be legally mandated to attend therapy by a court of law, a medical insurance agency, or a government welfare agency. He may be coerced by a partner who threatens to leave him or a boss who threatens to fire him unless he "sorts himself out." She may be pushed into it by well-meaning friends or relatives or by health professionals, such as her general practitioner. But whatever triggered the visit, one thing's for sure: reluctant clients aren't enthusiastic, willing, or open; they aren't looking to buy what we're selling.

The Four Steps to Winning Over Reluctant Clients

Here's a four-step approach to selling ACT to reluctant clients, loosely based on the work of Kelly Wilson, one of the main pioneers of ACT:

Empathize.

Normalize and validate.

Declare your values.

Use the metaphor of the free will switch.

I'll explore these steps one by one, but before we go any further, let me say that I work only with adults; I have no experience whatsoever with children and teenagers, and some or all of what follows may be inappropriate for those age groups. If you work with children and teenagers, please be very cautious as to what, if anything, you take from this chapter,

and if in doubt, don't use it. (And of course, as always with the ACT model, adapt everything to your own style and the sort of clients you work with.)

Step 1: Empathize

We begin by putting ourselves in the client's shoes. We might say something like "If I had been forced to come and see someone like me, I wouldn't be too happy about it. Personally, I hate people telling me what to do. I think if I were sitting in your chair, I'd be really pissed off. So I'm wondering what you're feeling right now."

Step 2: Normalize and Validate

Clients will respond to step 1 in a variety of ways. Some will use it as an opportunity to vent their frustration and anger. Some will go into denial: "No, no—I'm fine about being here. *Really!*" Some will take the opportunity to share how they feel. Whatever the client's reaction, we normalize and validate it. For example, we might say, "That's perfectly understandable. I think I'd be feeling pretty much the same way if our roles were reversed."

For clients who claim they are fine, happy, or not bothered, I say, "I have to admit that this surprises me a little. But, hey, we all respond in our own unique way to life's challenges, and if this isn't a hassle for you, that's great."

Step 3: Declare Your Values

Ideally, we'd preface step 3, declaring our values, with a bit of a disclaimer. We might say something like "There's something very important I want to say, and I don't expect you to believe a word of it. In fact, I expect that when I share it with you, you'll probably think, *This guy's full of it*. And that's quite okay. You don't have to believe it, but it's important for me to say it."

Then we declare our values: what motivates us to do this work. I say something like this: "I do this sort of work because I really value helping people create better lives. So I'm not here for the court [your boss,

partner, employer, etc.]. I'm actually here for you—to help you create a better life, however *you* define that. And I genuinely mean that. I'm not interested in what the court [your boss, partner, employer, etc.] defines as a better life, but how *you* define it."

If the client says, "You're only here for the paycheck," we could reply along these lines: "That's a perfectly natural thought to have. And the truth is, yes, I do get paid for this work. But I'm not here *only* for the pay. I genuinely value helping people create better lives. And again, you don't have to believe that. If you want to believe I'm only here for the money, that's fine by me. The last thing I want to do is waste our time trying to convince you otherwise."

Step 4: Use the Metaphor of the Free Will Switch

Finally, we introduce the metaphor of the free will switch.

Therapist: Before we go any further, I'd like you to imagine something. Imagine that in front of you there's a free will switch. When the switch is off, you're here against your free will. You aren't here for yourself, but only because the court [your boss, partner, employer, etc.] forced [threatened, coerced, pushed, nagged, hassled, etc.] you to come.

So, with the free will switch off, being here is a total waste of your time. Sure, you get to placate or appease the people who sent you, but there's nothing in it for you. You can use up the session time in lots of different ways—complaining about the people who sent you, getting angry with me, staring out the window, giving me one-word answers, or telling me the sorts of things you think I want to hear—but whatever you do, it's pretty much just a big waste of your time.

However, if you turn the free will switch on, everything changes. The moment that switch goes on, you're here for *you*—not for anyone else, but for yourself. You're here to use this time for your own benefit, to get something out of it that can make your life better in some

> way. Remember, my aim in this room is to help people live better lives. So the moment you turn that free will switch on, you'll have all my resources at your disposal and we can work together to help you make your life better in some way. And by "better," I mean better as defined by you—not as defined by the court [your boss, partner, employer, etc.].
>
> And here's the thing: Whether you turn the switch on or leave it off doesn't get you out of the session; it just determines whether being here is a total waste of your time or an opportunity for you to make a positive difference in your life. Of course, no one can force you to turn it on; it's totally up to you. So, what do you want to do, turn it on or leave it off?

Most clients will agree to turn the switch on. If a client opts to leave it off, we could say something like "Fair enough. The thing is, I have no power to make you do anything against your will. The only way we can use this time effectively is if we work as a team, working together to help you build a better life. When the switch is off, it's a waste not just of your time but also of mine. So maybe we should just end the session?"

At that point, the client will usually protest: "But I'll go to jail [my wife will leave me, my boss will fire me, I won't get my kids back from child protection, etc.]." In response, we could reply, "Okay, so how about we put the switch on and make this work we do together about creating the sort of life where you aren't in danger of going to jail [your boss isn't threatening to sack you, your partner isn't threatening to leave, your kids aren't being taken into custody, etc.]." (On one occasion, a client said to me, "Listen, mate, all I need is a letter for the court to say I came here for counseling." I replied, *extremely nervously*, "Okay, I'm willing to write a letter that says this: 'You attended for counseling, and after half an hour, it became apparent that we were unable to do any useful work together, so we ended the session.'")

The beautiful thing with the free will switch is that it puts the agenda clearly on the table. There's often little point in trying to work with someone who doesn't want to be there. However, we may decide that it's worth hanging in there, at least for a few sessions, even with the switch off. If so, we can still use the switch as a reference point. We might say,

"Okay, we'll keep going, and from time to time I'll ask you to check in on that free will switch to see if it's on or off. I think you'll find that if and when you do switch it on, you'll get much more out of the session. While it's off, you'll probably find our time together very draining. When it's off, it usually sucks the life out of you."

After that, if and when the client starts to engage, show interest, open up, or contribute in some positive way, no matter how small it may be, we do our best to positively reinforce that behavior, as discussed in chapter 3.

If we can get the switch on and the client agrees to an agenda of working together to build a better life, we're off to a good start. We can also refer back to the free will switch whenever necessary. For example, if midsession the client starts staring out the window and giving one-word answers, we could say, "You know, it appears to me like the free will switch just went off. What do you think?"

Modifying the Process

This four-step process isn't a magic wand for each and every reluctant client, but it is very useful, and we can, of course, modify and adapt it. For example, I once consulted with some counselors who worked for a government organization. They were in the challenging situation of trying to get unemployed people back into the workforce. These were not willing clients; they did not wish to get back into the workforce and were only attending because their unemployment benefits would be cut if they didn't attend. Here's the approach we came up with.

Therapist: There are two ways I can work with you. One way is being here as an official representative of the government, where my aim in this room is to get you back to work no matter what. But the truth is, I don't really like working that way. I much prefer to work another way: where my aim in this room is purely and simply to help people create better lives. That would mean that we work together as a team to help you create a better life—and I mean "a better life" as defined by you, not by the government. My aim is to help you create a better life *whether or not you go back to work*. My employers wouldn't be happy if

they heard me saying this, but it's the truth. So which of these two ways would you like to work with me?

This approach is highly pragmatic because, if a client is truly determined not to work, he just needs to behave so problematically in the workplace that the employer dismisses him. However, from an ACT perspective, we genuinely want the client to live a richer, fuller life—whether he returns to work or not. The paradox is, as people get in touch with their values they often *want* to get back to work. If, however, we try to force them to return to work, we frequently fail.

Of course, some clients appear to (or claim to) turn the free will switch on but actually don't. This could manifest as the client who goes on a tirade, blaming everyone else for her problems, insisting that others are at fault so there's nothing she can do, or protesting, "Why should I have to change? I'm happy with who I am!" How do we address such issues? You'll find out in chapters 6 and 8.

Experiments

- Modify the four-step process above to suit your own style and rehearse it a few times somewhere private —ideally speaking it out in front of a mirror or into a recording device. Why? Because if you don't rehearse this process, you almost certainly won't remember it the next time you need it. It's highly unlikely that simply reading this chapter will allow you to apply this approach effectively, even if you read the chapter two or three times.
- Next time you encounter a reluctant client, try it out for real and see what happens.

CHAPTER 6

Help Clients Stay on Track

Clients often get stuck in ACT either because the therapist doesn't set an agenda for the session, or because the therapist, despite setting an agenda, fails to follow it. This chapter addresses both of these issues.

Start How You Intend to Continue

If we start a session by asking, "So how was your week?" or something similar, we're probably making a lot of hard work for ourselves. This sort of broad, unfocused question is okay for the client who is focused, motivated, good at staying on track, and steadily making progress, but it's a disastrous question to ask a client who, session after session, remains stuck, unfocused, unmotivated, or unable or unwilling to stay on track. If we ask such clients these kinds of questions, at best we're likely to get answers consisting of small talk and social chitchat. This doesn't really help the client, and it also eats up valuable session time. In addition, we're far more likely to get the "problem of the week" or an outpouring or rehashing of all the client's difficulties, worries, or regrets, and once the session heads off down this path, it's hard to get it back on track again.

For clients who are stuck, it's best to open with more directive questions:

- "So how did you do in terms of living by your values?"
- "How's the mindfulness practice been going? How did you find that defusion [acceptance, grounding, etc.] technique?"
- "How did it go with that worksheet [exercise, action plan, etc.]?"

If the client has followed through on his goals, we could (aiming to reinforce the new behavior) ask additional questions:

- "What was that like?"
- "What difference did it make?"
- "When else did you do that?"
- "What effect did that have on your partner [children, friends, etc.]?"
- "How could you do more of that?"
- "How might you apply this to other areas of your life?"

If the client hasn't followed through on his goals, then we could compassionately and respectfully say something like this: "It's so common that we say we're going to do something but don't actually follow through on it. Everyone does it. I've done it myself countless times. Is it okay if we start off today's session by taking a look at what got in the way and how you might address such obstacles next time they occur?"

If the client agrees, we can then identify barriers. One easy way to do this is to present the acronym FEAR:

F = Fusion

E = Excessive goals

A = Avoidance of discomfort

R = Remoteness from values

You'll find a detailed exploration of the FEAR acronym—and the antidote, DARE (Defusion, Acceptance, Realistic goals, Embracing values)—in *ACT Made Simple* (p. 216).

If the client doesn't want to look at his barriers, we can use some of the strategies outlined a bit later in this chapter. However, let's first take a good look at ourselves.

What Prevents ACT Practitioners from Implementing New Strategies

Throughout this book, we're going to look at all sorts of strategies for getting unstuck, and here's my guarantee to you: either you'll use them or you won't. (That's a 100 percent guarantee—or your money back!) So let's take a moment to consider what might stop a therapist from trying out a new strategy that could potentially be far more effective. Please consider this question for a moment before reading on.

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Whenever we have the opportunity to step out of our comfort zone and implement a new strategy, we're likely to have thoughts such as these: *The client won't like it. She'll think I'm rude. He'll think I'm uncaring. She might be offended. He might get angry. She might complain about me. I'll disrupt the therapeutic alliance. I wasn't trained this way; I don't feel comfortable with it. I might do it wrong or screw it up. It seems too controlling.* The list goes on and on. We're also likely to have feelings and sensations such as anxiety, fear, uncertainty, reluctance, a racing heart, sweaty hands, knots in the stomach, and so on.

And, of course, just like everyone else on the planet, we are experientially avoidant. We don't like uncomfortable thoughts and feelings, and we want to avoid or get rid of them. So what's a quick and effective way to do that?

You got it: Instead of trying out the new strategy, we just do more of what we usually do. In the short term, this reduces our anxiety (and naturally that's a big payoff—a highly reinforcing consequence). However, the long-term costs are that the client stays stuck, we don't get to learn new skills, and we stay stuck in our same old routine, getting bored and frustrated. So we need to frequently ask ourselves, "Am I willing to feel discomfort in the service of helping my clients?"

If the answer is no, we have some work to do on ourselves.

If the answer is yes, then our challenge is to respond with defusion and acceptance to our uncomfortable thoughts and feelings and come back to our values around caring and contribution. Then, in the service of those values, we commit to action; we step out of our comfort zone and try something new.

Acknowledging Unfocused or Unproductive Sessions

Suppose we've already had several unfocused or unproductive sessions where we went from problem to problem without ever reaching agreement on a course of action. If so, let's start the next session by openly acknowledging it. Here are a couple of examples:

- "Before we get into the thick of it today, I feel like I owe you an apology. I've allowed the last few sessions to be rather unfocused and unproductive. Like last week, for example, I let the session go all over the place—from problem to problem to problem—and we spent so much time talking about the problems that we never got around to doing anything constructive about them."
- "In the last few sessions, we've spent so much time talking about all your worries [regrets, those painful events from the past, etc.] that we've never gotten around to doing anything practical in terms of building a better life, here and now."

Obviously, use your own words to do this. The key is to be open and honest while also being compassionate and nonjudgmental. It's the therapist's responsibility to keep the session focused and productive, not the client's. So when we fail to do this, we ideally own up to it and apologize. This models integrity and self-acceptance and also helps the client be more open to what comes next: agreeing to set an agenda.

Agreeing to Set an Agenda

Before seeking the client's cooperation in setting an agenda, the first step is to inform her that you'd like to structure the sessions differently, explain the rationale for this, and ask for her permission to do so.

Therapist: My fear is that if all our sessions go along like the last few, you're not going to see much improvement in your life. So would it be okay if we structure the sessions a bit differently from now on?

The client is likely to say either "Yes, sure" or "What do you mean?" Either response leads to the next step: discussing the benefits of an agenda.

Therapist: What I'd like us to do at the start of each session is agree on an agenda—on one particular issue, problem, goal, or important area of life that we're going to focus on during the session. If other issues and problems show up along the way, we can write them down and address them later.

Dealing with Client Resistance

Clients may resist this suggestion in different ways. Here are a few examples:

- "But I've got so many problems, and I don't know where to begin."
- "But I just need to tell you about X, Y, and Z" (followed by a long, frantic, unceasing monologue about X, Y, and Z).
- "Look, really I just want to talk."
- "I don't think that will help me."

Before reading ahead, consider each of the preceding client comments and see if you can come up with an ACT-consistent response.

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Now that you've come up with your own ACT-consistent response to each client statement above, read on to see some others. (In each case, the response given is only one of many possibilities.)

Client: But I've got so many problems, and I don't know where to begin

Therapist: That's actually very common. Luckily we've developed some tools to help. *(Pulls out a copy of the Bull's-Eye Worksheet and shows it to the client. Note: you can download this worksheet from the free resources page at www.actmindfully.com.au.)*

We call this thing the bull's-eye. As you can see, it divides life into four main areas: important relationships, personal growth and health, leisure and fun, and work and education. Now if we could focus on just one of these areas today to see if we can do something that could make a positive difference in your life, which one would you choose?

THE BULL'S-EYE WORKSHEET

YOUR VALUES: *What do you want to do with your time on this planet? What sort of person do you want to be? What personal strengths or qualities do you want to develop? Please write a few words under each heading below.*

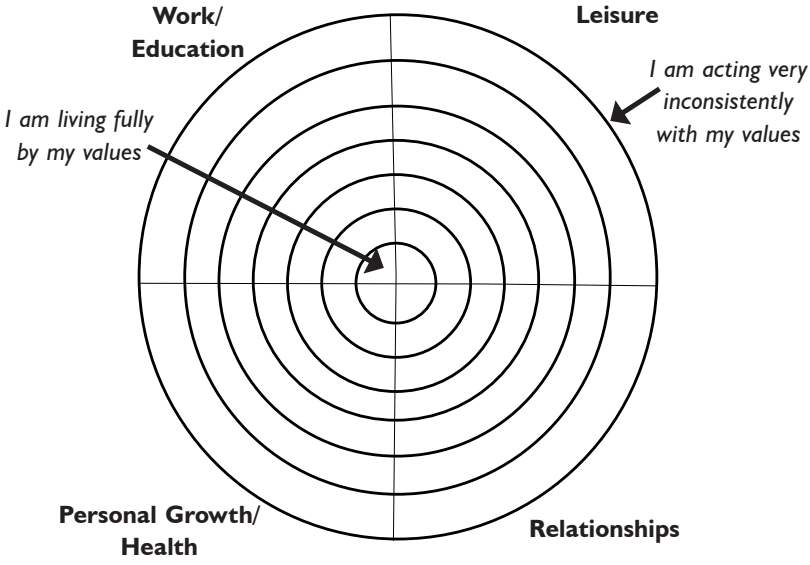
1. **Work and Education:** includes workplace, career, education, skills development.

2. **Relationships:** includes your partner, children, parents, relatives, friends, coworkers.

3. **Personal Growth and Health:** may include religion, spirituality, creativity, life skills, meditation, yoga, nature; exercise, nutrition, and/or addressing health-risk factors.

4. **Leisure:** how you play, relax, or enjoy yourself; activities for rest, recreation, fun, and creativity.

THE BULL'S-EYE: Mark an X in each area of the dartboard to represent where you stand today.



Adapted from *Living Beyond Your Pain* by J. Dahl and T. Lundren by permission of New Harbinger Publications (Oakland, CA), www.newharbinger.com

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Client: But I just need to tell you about X, Y, and Z (followed by a long, frantic, unceasing monologue about X, Y, and Z).

Therapist: *(Calmly, compassionately, and respectfully interrupts the client midsentence.)* I'm sorry if I come across as rude here, but is it okay if I interrupt you for a moment? I do want to hear what you have to say, but I don't want the session to go the same way as the last two. I really want it to be more productive. I want you to take something out of today's session that will make a positive difference in some area of your life. Otherwise it's a bit of a waste of your time. So is it okay if we start off—before anything else—agreeing to an agenda?

Client: I think it's pretty clear what the agenda is. I've got X going on, Y's doing her usual bullshit, and Z is… *(The client again breaks into a long, frantic, unceasing monologue about X, Y, and Z.)*

Therapist: *(Once again calmly, compassionately, and respectfully interrupts the client midsentence.)* I'm really sorry to interrupt you again. I don't want to be rude, and as I said, I *do* want to hear what you have to say. But before we get to that, is it okay if I show you something that can help us set a more productive agenda—something that can help us stay focused? *(Produces the Bull's-Eye Worksheet as above and, if necessary, once more gives the rationale for setting an agenda.)*

In this sort of scenario, the therapist typically experiences a lot of anxiety. After all, in many models of therapy we're trained to think that this is the height of rudeness, that it will destroy rapport, or that it's disrespectful. But ask yourself this: If you don't interrupt the client's problematic behavior, aren't you just reinforcing it? Would that be consistent with your values as a therapist? Wouldn't you prefer to help reduce the problematic behavior and differentially reinforce a more workable behavior instead? (In chapter 8, I'll look in detail at how to interrupt problematic behavior in session.)

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Client: Look, really I just want to talk.

Therapist: For sure. And I want to hear what you have to say. But if our aim is to help you build a better life, we need to do much more than that. If all that happens in our sessions is that you talk and I listen to you and say nice things to you, that's not likely to lead to lasting positive changes in your life. All that's likely to happen is that you'll feel better for a while because someone has listened to you and treated you nicely, but nothing much will change. You don't have to take my word for it. Think about the last few sessions, where that's basically what we were doing. Did those sessions help improve your life in any meaningful and long-lasting way in any of the areas you find most difficult?

Client: No. But I do feel better talking about things with you.

Therapist: Sure. So how about we make these sessions a place where you not only get to talk, but also get to make some positive changes in your life?

If the client only wants supportive counseling, the therapist has a choice: either give up on ACT and provide supportive counseling instead, or refer the client to another therapist. However, if the client comes on board, the therapist can proceed to the Bull's-Eye Worksheet.

■ ■ ■

Client: I don't think that will help me.

Therapist: That's a perfectly natural thought to have. Is it okay if we give it a go anyway and see how it works, even though your mind says it's a waste of time? *(Proceeds to the Bull's-Eye Worksheet.)*

Using the Bull's-Eye to Set an Agenda

Having gotten the client on board with setting an agenda for sessions, we can now present the Bull's-Eye Worksheet. (Note: You need not restrict yourself to the Bull's-Eye Worksheet. I like to use it with stuck clients because of its simplicity, but you can use any values worksheet you like.)

Therapist: *(Holds the Bull's-Eye Worksheet in such a way that the client can clearly see it.)* As you can see, this form divides life into four main areas. Can I ask you to pick just one of these quadrants to focus on for this week's session?

Client: I don't care about any of them.

Therapist: *(Speaks compassionately.)* That gives me some idea of just how much of a beating life has given you. You've been knocked around so much that you just don't care about anything.

Client: *(Nods.)* You said it.

Therapist: The thing is, given that we're working together, as a team, to improve your life, we do need to pick an area to start on. So even though you don't care about any of them right now, can you just pick one?

Client: *(Shakes his head.)* I'm sorry. I don't know where to begin.

Therapist: You don't have to *know*. You just need to pick one quadrant. If you like, close your eyes and drop your finger randomly onto the paper. Wherever your finger lands, we'll go with the quadrant that's closest.

Client: Okay *(reluctantly)*. I'll pick one. *(Points at the relationships quadrant.)*

Once we have agreed with the client on a specific domain of life to focus on, we can then start to clarify values and goals. For example, we might ask the following sorts of questions:

- "What really matters to you in this area of life?"
- "What do you want to stand for in this part of your life?"

- "If you could behave like the person you really want to be, deep in your heart, in this area of life, what would that look like and sound like? How would you treat others? How would you treat yourself? What qualities or strengths would you want to embody? How would you like to behave on an ongoing basis?"
- "What people are important to you in this domain? And how do you want to behave in those relationships?"
- "What would you like to do or achieve in this part of your life? Are there any specific goals you'd like to achieve?"

If the client can't or won't answer these questions, then we need to consider why. Is it because she's fusing with unhelpful thoughts, trying to avoid uncomfortable feelings, or both? If so, we respond with defusion, acceptance, or both. Or is it because she doesn't know what her values are, doesn't understand the concept, or doesn't see any point in clarifying them? If so, we move on to values clarification work, which is covered in chapter 7.

However, if the client can identify values, we move on to goal setting. The easiest way to do that is to ask, "What's one small thing you can do that would get you a bit closer to the bull's-eye in this area of your life?"

Of course, the moment we do that all sorts of barriers to action show up, usually in the form of fusion and avoidance, so we dance around the triflex to "Be Present" or "Open Up." Then we come back to setting goals.

That's all well and good in theory, but what do we do if the client continually tries to derail the session?

The Off-Track, On-Track Technique

The Off-Track, On-Track technique is the perfect strategy for clients who repeatedly derail the session. In addition to being simple and powerful, it also trains defusion, acceptance, values, contact with the present moment, and committed action, all in one intervention. Please note that this intervention *must* come from a space of compassion and respect; otherwise it will backfire horribly. There are five steps involved:

1. Agree you're a team.

2. Predict interference from the mind.
3. Notice and name the mind's tactics.
4. Establish the unworkability of stopping the session.
5. Repeat as required.

Step 1: Agree That You're a Team

Step one is simply to get the client's agreement on working as a team. Here's one approach for doing so.

Therapist: Before we go any further, can I check something with you?

Client: Sure.

Therapist: I want to make sure that you and I are a team, that we're working together with the same aim: to help you build a better life.

Client: *(Shows some confusion.)* Yes.

Therapist: Okay. That's important. I don't want you to see me as an obstacle—as someone who's pushing you around, getting in your way, or telling you what to do. It's really important that we are a team, working together.

If you've already reached an agreement on a specific values-congruent goal, it's good to mention that here. So, for example, you might expand the final sentence, saying, "It's really important that we are a team, working together to help you have more successful social interactions [to handle anxiety more effectively so it has less influence and impact over you in social situations, to increase and improve your social life, etc.]." So while step one is primarily to agree that you and the client are a team, it's more powerful if you can agree on a specific goal.

Step 2: Predict Interference from the Mind

Next, frame the client's mind as a source of interference—interference that both of you will address, as a team, working together.

Therapist: Now I could be wrong, but I predict that, throughout this session, every time we start to really knuckle down on achieving this goal your mind is going to try to derail us, to pull us off track. What I'd like for us to do, if you're willing, is identify all the different tactics your mind uses to do this. That way we can spot them when they show up and make sure we don't get derailed. Is that okay?

Step 3: Notice and Name the Mind's Tactics

The therapist now pulls out a large sheet of paper and a pen.

Therapist: On this piece of paper, I'm going to write down the tactics your mind uses to derail our work. I'll write the first few tactics down. Once you've got the idea, I'll pass the paper to you and you can take over. Okay?

Client: Okay.

Therapist: Great. So, right now, what's your mind saying about this?

Client: It won't work.

Therapist: Okay. Let me jot that down. "It won't work." *(As the therapist says it aloud, he also writes, "It won't work.")* What else?

Client: This is bullshit.

Therapist: Okay. "This is bullshit." *(As the therapist says it aloud, he also writes, "This is bullshit.")* What else?

Client: I don't see how this will help me.

Therapist: Okay. "I don't see how this will help me." *(As the therapist says it aloud, he also writes, "I don't see how this will help me.")* What else? *(After writing down five or six derailing tactics, such as "This is weird," "But nothing has ever worked in the past," and "I won't be able to do it," the therapist hands the paper and pen to the client.)*

What I'd like you to do, if you're willing, is this: Each time your mind comes up with one of these tactics to pull

us off track, just put a tick mark by it. That way we can see how many times it shows up. Okay? And if your mind comes up with a new tactic, I'll ask you to write it down on the list, okay?

Client: Well, I can do that, but I don't see how it's going to help.

Therapist: Okay. You've already got that one on the list, right there *(pointing)*: "I don't see how this will help me." So can you place a tick mark by it?

Client: *(Ticks the statement on the list.)*

Therapist: See how quickly that one showed up? I bet it's gonna come back at least another three or four times this session. Any others showing up?

Client: Yeah. This is bullshit.

Therapist: That's there too, isn't it? So put a tick mark next to that one.

Client: *(Ticks the statement on the list.)*

Therapist: Any others?

Client: Yes. *(The client, smiling a little, ticks two of the other statements on the list.)*

As the session continues, every time the client makes a comment that moves the session away from the chosen goal, the therapist calls it out as a derailing tactic and asks the client to put a tick mark by it or, if it's a new tactic, to write it down. Most clients have a repertoire of about ten to fifteen basic tactics. If a client keeps coming up with multiple variants on a theme, such as telling you about a lot of different people who have let him down in different ways or frequently going back to all sorts of painful events from the past, then instead of writing down each separate thought, you can suggest one heading to cover them all, such as "People let me down" or "There's so much pain in my past." Then, each time a thought arises that's a variant on the theme, the client can simply put a tick mark by the main heading.

Step 4: Establish the Unworkability of Stopping the Session

You won't always need to follow step 4—establishing the unworkability of stopping the session—but it will be necessary at times. Here's an example of how to do so.

Therapist: Okay, so now let's get back to that goal we agreed on.

Client: There's no point. It won't work.

Therapist: Is that one on the list?

Client: Yes. *(Ticks it.)* But it's true! It really won't work!

Therapist: Well, here's the thing: I can't guarantee you that it will work. In fact if you ever visit any professional who guarantees you that a treatment will work, I suggest that you don't go back, because that person is either bullshitting you or deluded. Go to the world's greatest surgeon for an operation and she won't guarantee you a successful outcome; she'll ask you to sign a consent form in which you acknowledge all the things that could possibly go wrong. So, although I could show you lots and lots and lots of research on ACT to prove how effective it is with depression, anxiety, addiction, schizophrenia, you name it, that wouldn't guarantee it will work for you. But here's what I *do* guarantee: I guarantee I will do my very best to help you, using the skills and knowledge that I have. I also guarantee that if we stop the session because your mind says it won't work, then I will be of no help to you whatsoever. So here we are: your mind is saying this won't work. Shall we let it say that and carry on, or shall we stop the session?

Client: Carry on.

Therapist: Great! So can you write down the words "But it really is true" just there on your sheet, in front of "This won't work," and put another tick by that thought? Great. Now let's get back to the goal.

Note that, for some clients, staying on track provokes a great deal of anxiety. This is hardly surprising, because the main reinforcing consequence for going off track is that it helps the client avoid the anxiety of dealing with the issue at hand. Therefore, we need to carefully pace the session; therapy can become a punishing experience if the therapist outpaces the client, holding her feet to the fire. Be sure to slow the pace down as much as necessary, even if it's slower than you would like, and to consistently address the client's anxiety and experiential avoidance as they occur, with an attitude of compassion and respect.

Step 5: Repeat as Required

We can repeat steps 1 through 4 as often as needed. The beautiful thing about the Off-Track, On-Track technique is that, as mentioned above, when we use it, we train the client in defusion, acceptance, values, contact with the present moment, and committed action. By the time the client has ticked a given tactic five or six times, she's likely to be fairly defused from it. And as the intervention continues, she starts to develop some acceptance (or at least tolerance, which is moving in the direction of acceptance) not only of her thoughts, but also of her confusion, anxiety, frustration, or other discomfort.

The client also repeatedly comes back into contact with the present moment, reengaging with the therapist and refocusing on the task at hand. In addition, she commits to action: she persists with the exercise despite the discomfort, returning to the agreed-upon goal again and again. And all of this is ultimately in the service of values.

Thus, with this technique we're right into active intervention: helping the client learn these five processes without even mentioning that this is what we're doing. So even if this intervention eats up the entire session (as it sometimes does), we're still doing something very useful: helping the client develop psychological flexibility. As an added bonus, this technique helps us stay on track and defuse from our own unhelpful thoughts.

If this intervention continues for a long time, sometimes the client might complain about it. This provides a useful opportunity for psychoeducation.

Client: Bloody hell! How long are you going to keep going with this? Half the session's gone already!

Therapist: Yes. I'm glad you noticed. Obviously, if we could just stay focused on the goal, we could make much faster progress. But your mind keeps derailing us. And that's perfectly normal; everybody's mind works that way. My mind often does similar things to me. That's why it's so important to learn how your mind operates, to identify the tactics it uses to hook you and pull you off track: because whenever we start to work on improving our lives, our minds will try to stop us, commonly using tactics just like these. One of the most useful things you can get out of these sessions is learning how your mind hooks you and how to unhook yourself again. So, how about we get back to the agenda?

Notice that what's going on in the session above isn't so different from what happens when somebody practices mindfulness meditation. For example, in a mindful breathing meditation we aim to focus on our breath, but the mind soon hooks us and pulls us out of the experience. Then, once we realize this has happened, we unhook ourselves and refocus. In the transcript above, the object of focus is the agreed-upon goal for the session. Each time the client's mind hooks her and pulls her off track, the therapist helps her unhook herself and refocus. This neatly illustrates the ACT stance that there are many ways to teach mindfulness skills that don't require that clients meditate. (It isn't that ACT discourages or opposes meditation; rather, ACT accommodates for the fact that many clients are unable or unwilling to do it.)

Experiments

Find some practical ways to apply this chapter. For example, you could work on yourself—perhaps make room for your anxiety and step up to the challenge of trying something new.

Set an agenda for a client using the Bull's-Eye Worksheet.

If you have a suitable client, try the Off-Track, On-Track technique.

If you're really game, do all three!

CHAPTER 7

Values Traps

When it comes to helping clients clarify their values, therapists tend to get stuck in three main areas: when to bring in values, how to bring in values, and how to handle negative reactions from clients. This chapter offers advice on all three issues.

When to Introduce Values

Therapists often ask, "When should I come in with values? When is too early?" There are no definitive answers to these questions. My own approach is to gently inquire about values from the very beginning. I see it as a routine aspect of taking a history. For example, I ask every client two standard questions during the first session: "Do you ever experience a sense of meaning, purpose, or fulfillment?" and "If the work we do in this room could make a difference in one important relationship in your life, which relationship would that be, and how would you behave differently in that relationship as a result of our work?"

If a client responds with strong fusion or avoidance to these gentle probes (e.g., refuses to answer, tries to change the topic, repeatedly says, "I don't know," or gets anxious, irritable, or sad), then it's probably too early for explicit values work, so I initially focus more on defusion and acceptance. But if a client does answer these questions, I explore further and see how far we can get, as values are a great starting point.

How to Introduce Values

As a general rule, however we introduce values into a session, we use some or all of the following steps:

1. Give a rationale: Why do values matter?
2. Provide brief psychoeducation: What are values?
3. Do an experiential exercise: Directly connect with values.
4. Help clients put their values into words.

Step 1: Give a Rationale

Our first step is generally to give a rationale for clarifying values. Here's one way of explaining why values matter.

Therapist: Is it okay if we spend some time today clarifying what really matters to you in the big picture? I'd like to hear what sort of person you want to be, what you want to stand for in life, what sort of relationships you want to build with people, and what sort of strengths or qualities you want to develop or apply more in your life. Specifically, what I'm referring to is something we commonly call values—basically your heart's deepest desires for how you want to behave as a human being. I'm suggesting we do this because it makes a huge difference to most people. It helps us set meaningful goals, helps give us strength and courage to deal with our challenges, helps motivate and inspire us, helps us deal with pain and stress, and, last but not least, helps us build a richer, fuller life.

Step 2: Provide Brief Psychoeducation

Next, we provide brief psychoeducation about what values are, primarily to distinguish values from goals. As this is covered in detail in any introductory ACT text, I won't go over it again here.

Step 3: Do an Experiential Exercise

Remember the trap of talking about ACT instead of doing it? There's an especial danger of doing this with values work, turning the session into an intellectual discussion *about* values, rather than a deep experiential connection *with* values. To avoid this trap, we need to slow down and lead the client into an experiential exercise aimed at values clarification. Again, you'll find plenty of these in any introductory ACT text; for a comprehensive list, see *ACT Made Simple* (p. 201).

It's often useful to complement these exercises with the Bull's-Eye Worksheet, especially in conjunction with the concept of "toward moves" and "away moves." In the transcript below, the therapist has already introduced the Bull's-Eye Worksheet (described in chapter 6).

Therapist: A *toward* move is something you do that gets you closer to the bull's-eye: something that's meaningful and life enhancing for you, something that shows you're behaving like the person you really want to be. An *away* move is something you do that takes you away from the bull's-eye: something that isn't meaningful and life enhancing. Away moves are the things you do when you aren't behaving like the person you really want to be.

Client: I see.

Therapist: So when you're making a toward move, you're doing what matters.

Client: Got it.

Therapist: Let's use this to take a look at what's been happening in this room today. For the last few minutes we've been talking about your desire to build a better relationship with your wife and kids. So in this quadrant here *(pointing to relationships)*, would you say you've been moving toward the bull's-eye or away from it?

Client: Toward.

Therapist: I agree. But what about earlier in the session, when you got hooked by all those thoughts about how much your

wife pisses you off and started blaming her for all the problems in your marriage. Was that a toward move or away move?

Client: That was definitely an away move.

Therapist: Cool. What about right now in this moment, in your interaction with me? To me, it seems like you're being very open, trusting, and cooperative. And you're also really engaging with me. So in terms of our interaction *(pointing to the relationships quadrant)* and the way you're behaving right now toward me, can you place your finger somewhere on this diagram to show me how close you are to the bull's-eye?

Client: *(Seems surprised and pleased.)* Pretty close, actually. *(Puts his finger just outside the bull's-eye.)*

Therapist: Okay, so take a moment to notice what this is like—to be doing something that matters.

Client: *(Pauses.)* It's good.

In this way, we can use the bull's-eye as a scale indicating congruence with values. Whatever area of life the client is talking about, we can ask him to point out on the diagram where he currently is. Here are a few other examples of how we can use the bull's-eye to help clients hone in on values and committed actions:

- "If you let these feelings dictate what you do here, is that going to move you toward or away from the bull's-eye?"
- "If you go along with that thought, will that take you toward or away from the bull's-eye?"
- "Would doing that be a toward move or an away move?"
- "What's a small step you could take that would get you a bit closer to the bull's-eye?"

Step 4: Help Clients Put Their Values into Words

Many clients come up with their own words to describe their values, but some have difficultly doing so. The Forty Common Values Worksheet (available as a free download at www.actmindfully.com.au) can be helpful for those who are struggling with this.

Forty Common Values Worksheet

Values are your heart's deepest desires for how you want to behave as a human being. They aren't about what you want to get or have or achieve or complete; they're about how you ideally want to behave, now and in the future, about how you want to treat anyone or anything you interact with, including yourself.

Below are forty common values. Note that there are no right or wrong values. It's like our taste in ice cream. If you prefer chocolate and I prefer vanilla, that doesn't mean that my taste in ice cream is right and yours is wrong or vice versa; it just means we have different preferences. Similarly, we may have different values.

Please read through the list below and write a letter next to each value: V = very important, Q = quite important, and N = not so important.

____ Acceptance and self-acceptance: to be accepting of myself, others, life, etc.

____ Adventure: to be adventurous; to actively seek, create, or explore novel or stimulating experiences

____ Assertiveness: to respectfully stand up for my rights and request what I want

____ Authenticity: to be authentic, genuine, and real; to be true to myself

____ Caring and self-care: to be caring toward myself, others, the environment, etc.

____ Compassion and self-compassion: to act with kindness toward myself and others in pain

____ Connection: to engage fully in whatever I'm doing and be fully present with others

____ Contribution and generosity: to contribute, help, assist, give, share, or make a positive difference

____ Cooperation: to be cooperative and collaborative with others

____ Courage: to be courageous or brave; to persist in the face of fear, threat, or difficulty

____ Creativity: to be creative or innovative

____ Curiosity: to be curious, open-minded, and interested; to explore and discover

____ Encouragement: to encourage and reward behavior that I value in myself or others

____ Excitement: to seek, create, and engage in activities that are exciting or stimulating

____ Fairness and justice: to be fair and just to myself or others

____ Fitness: to maintain or improve my fitness; to look after my physical and mental health

____ Flexibility: to adjust and adapt readily to changing circumstances

____ Freedom and independence: to choose how I live and behave and help others do likewise

____ Friendliness: to be friendly, companionable, or agreeable toward others

____ Forgiveness and self-forgiveness: to be forgiving toward myself or others

____ Fun and humor: to be fun loving; to seek, create, and engage in fun-filled activities

____ Gratitude: to be grateful for and appreciative of myself, others, and life

____ Honesty: to be honest, truthful, and sincere with myself and others

____ Industry: to be industrious, hardworking, and dedicated

____ Intimacy: to open up, reveal, and share myself, emotionally or physically

____ Kindness: to be kind, considerate, nurturing, or caring toward myself or others

____ Love: to act lovingly or affectionately toward myself or others

____ Mindfulness: to be conscious of, open to, and curious about my here-and-now experience

____ Order: to be orderly and organized

____ Persistence and commitment: to continue resolutely, despite problems or difficulties.

____ Respect and self-respect: to treat myself and others with care, consideration, and positive regard

____ Responsibility: to be responsible and accountable for my actions

____ Safety and protection: to secure, protect, or ensure my own safety or that of others

____ Sensuality and pleasure: to create, explore, and enjoy pleasurable and sensual experiences

____ Sexuality: to explore or express my sexuality

____ Skillfulness: to continually practice and improve my skills and apply myself fully

____ Supportiveness: to be supportive, helpful, encouraging, and available to myself or others

____ Trust: to be trustworthy; to be loyal, faithful, sincere, and reliable

____ Other: _____

____ Other: _____

Adapted from my book *The Confidence Gap: From Fear to Freedom*, published by Penguin Group (Australia), Camberwell, 2010.

We can, of course, use the Forty Common Values Worksheet prior to step 3. And at times we might even use it instead of step 3. For example, if we know or suspect that a client is so high in experiential avoidance or disconnected from her values that she will resist or struggle with an experiential exercise, we may choose to use this worksheet instead.

There are also all sorts of "values cards" available, which serve the same purpose as the worksheet. Basically, the client sorts through the values cards, stacking them into piles corresponding to very important, quite important, and not so important. (For free values cards that you can print out and laminate, go to www.acceptandchange.com/materials or www.actforadolescents.com. To purchase a good-quality set of printed cards, go to www.lifecompasscards.com.)

In doing values work, clients often say things like "I want to be a good mother," "I want to be a good friend," or "I want to be a role model." I call these "stepping-stone answers" because they take us closer to values but not all the way there.

To get to specific values, we need to explore these answers further. Useful questions might be along these lines: "So if you wanted to earn the title of good mother [good friend, etc.], how would you behave toward your children [friends, etc.]?" "What personal qualities would you want to put into play when you're with your children [friends, etc.]?" "How would you like to treat them?"

If a client is stumped by such questions, we could then follow up with a technique I call the TV Interview.

Therapist: Suppose that ten years from now we interview your children, live on national TV, and ask them, "What are your mother's greatest qualities? What difference has she made to your life? How does she generally treat you? When you're going through a rough patch in your life, what does she do? If you had to pick just four or five words to describe her character, what would they be?" Now if magic could happen and dreams could come true, what sort of answers would you love your children to give?

We can adapt this intervention for relationships with friends, work colleagues, or others, appropriately modifying the specific questions we ask. However, it's always important to make a big deal out of this bit: "if magic could happen and dreams could come true." This helps counteract

fusion with *It's impossible*. Finally, we can ask, "So what does this tell you about the sort of person you want to be, deep in your heart?"

At this point, sometimes clients ask, "How do I know if these are my real values?" Here's one helpful reply.

Therapist: As the saying goes, "The proof of the pudding is in the eating." You can't tell if a pudding is good by thinking about it or talking about it; you have to actually taste it. The same goes for your values. We could talk for hours and hours about whether they're your "real" values or not, but that still wouldn't answer the question. The only way to know is to get out there, start acting on them, and see what happens. See if they give you a sense of meaning, purpose, or vitality, or a sense of being true to yourself.

Once we've successfully clarified values, we can move to setting goals. The bull's-eye really lends itself to this task, allowing us to simply ask, "What's one small step you could take that would get you a bit closer to the bull's-eye?" However, sometimes it's very hard to get clients to this point, so let's take a look at what gets in the way.

Common Sticking Points for Clients

Many clients get stuck when we try to explore values; they get bogged down in fusion or avoidance. When this happens, remember the triflex and dance across to "Be Present" or "Open Up." In other words, address the fusion and avoidance with grounding, defusion, and acceptance, and then dance back to "Do What Matters." (This is what the Off-Track, On-Track technique, in chapter 6, does.)

The "I Value" Trap

Just because a sentence contains the words "I value" doesn't mean the sentence is describing values. For example, none of the following sentences describes values: "I value money." "I value having a great job." "I value happiness." "I value relationships." "I value success." "I value being thin." "I value being famous." "I value my kids." "I value being loved."

These sentences don't describe values because they don't describe how the person wants to behave (values). Rather, they describe what the person wants to get, have, complete, achieve, or obtain from others (goals).

Basically, if a sentence describes something a person is trying to *get*—to have, collect, achieve, accumulate, own, or accomplish—it's describing a goal, not a value, even if it contains the words "I value." And if a sentence focuses on a feeling (e.g., "I want to be happy" or "I want to feel confident"), then it's describing an emotional goal—a specific emotional state the person wants to have. However, with all of these examples we could get to values with questions along the following lines.

Therapist: If I could wave a magic wand so that all these goals came true—so you were loved [accepted, respected, famous, thin, rich, happy, confident, smart, successful, beautiful, desirable, etc.]—how would you behave differently? How would you treat yourself [your body, your friends, your family, the environment, the planet, etc.]?

We could also add in the TV Interview technique.

Therapist: Now, Michael, let's suppose that five years after this magic happens and all of your goals are achieved, we interview your closest friends and relatives on TV and ask them, "In the last five years since this magic happened, what did Michael stand for as a human being? What kind of character did he have? What were his greatest strengths and qualities? What role did he play in your life? How did he treat you?" If dreams could come true and magic could happen, what sorts of answers would you love to hear them give in that interview?

The "Shoulds and Musts" Trap

Any sentence with the word "should," "must," "ought," or "have to" describes a rigid rule—a commandment or imperative—rather than a value. When clients fuse with such words, we will see them closing down and struggling with guilt, shame, perfectionism, performance anxiety, or a sense of heaviness or obligation. When this happens, we could say,

"You seem burdened by this, like there's a heavy weight on your shoulders. Can I ask what your mind is saying to you right now?"

Almost always, their answers will reveal rigid rules and commandments, full of "shoulds," "musts," "have tos," and "right and wrong." To facilitate defusion from such thoughts, we can say things like "Notice how your mind just turned this from a value to a commandment," "Notice how your mind is 'shoulding' on you," or "So your mind says you have to do this perfectly? Well, just because your mind says something doesn't mean you have to obey it."

Then we can help them reconnect with their values, asking, "Do you notice the difference between 'I'm *willing* to do this because it matters to me' and 'I *have to* do this'?"

Destructive Rules and Beliefs

Therapists often ask me, "What if my client has antisocial or destructive values?" Upon inquiry, it always turns out that they mean destructive rules or beliefs, not values. This is a vitally important distinction, best illustrated with an example.

Spike, who was about to turn eighteen and had just started his final year at high school, was often in trouble for physical and verbal aggression toward students and teachers. He liked to say things such as "I won't take shit from anyone," "No one's gonna push me around," "If anyone messes with me, I'm going to teach him a lesson," "If someone talks down to me, they deserve to get hit," and "I shouldn't have to put up with assholes." Are these statements values? Emphatically not! They are all either rules ("If X happens, then I'll do Y") or beliefs (e.g., "I should be able to do what I like").

It didn't take much questioning to discover that the main triggers for Spike's aggression were situations where he perceived himself to be treated unjustly, unfairly, or disrespectfully. Thus, we rapidly identified three important values: justice, fairness, and respect.

We then talked about workable ways of acting on these values (actions that were likely to make his life better in the long term) and unworkable ways of acting on these values (actions that, despite having big payoffs, would also have significant costs in the long term).

Spike knew all too well that his aggression had plenty of payoffs (escaping from unpleasant situations, avoiding uncomfortable feelings,

feeling good that he stood up for himself, and getting lots of attention from others). However, upon questioning, he also contacted the significant costs: loss of friends, social isolation, loneliness, conflict with his parents, conflict with teachers, poor grades, the threat of expulsion, and so on. In other words, he realized that his behavior was unworkable. As a result, he could see that tightly holding on to beliefs such as "If someone talks down to me, they deserve to get hit" would create more problems than it solved.

In order to develop more workable ways of acting on his values (justice, fairness, and respect), Spike needed to learn skills in communication, assertiveness, and conflict resolution. He also had to defuse from the unhelpful beliefs and rules mentioned earlier and learn to use acceptance skills to make room for feelings of anger, frustration, and disappointment.

The skills training took the better part of a year, but as Spike steadily developed these skills he was increasingly able to make workable choices and act mindfully on his values around justice, fairness, and respect. As a result, his aggressive behavior was dramatically reduced. Spike's behavior hadn't been due to destructive or antisocial values; it had been caused by fusion with unhelpful rules and beliefs.

For another common example of this issue, consider a client who identifies "revenge" as a value. We can very quickly reframe this: "So your value here is justice. And your mind says the best way of acting on that value is to get revenge. That's certainly one way of standing for justice. But is it the most *workable* way? What might be the costs for you if you go down that path?"

In ACT, we always start from the assumption that destructive behavior—whether destructive to self or others—isn't a reflection of core values. Rather, it reflects experiential avoidance and fusion. In other words, we assume that violent, criminal, antisocial, or destructive acts typically aren't committed by people acting mindfully on their core values; rather, we assume that they're committed by people acting impulsively or "mindlessly" in states of high fusion and avoidance.

This is a pragmatic assumption. After all, what would happen if we started from the opposite assumption—that the client's destructive behavior reveals what he wants to stand for deep in his heart? What kind of relationship could we build with him? (Hint: It's going to be hard to "appreciate him like a sunset.")

Thus, any time we meet a client who is engaging in behavior destructive to self or others, let's ask ourselves these key questions:

- What beliefs or rules is this person fusing with? (Be especially on the lookout for any "shoulds.")
- What emotions is this person struggling with?
- If we dig down underneath the fusion and avoidance, what values might we find?

Here's a final example: Consider the client whose number one value is "power." We could talk to this client about the fact that power or being powerful basically means having influence over others, and that there are workable ways to influence others, which improve your life in the long term, and unworkable ways, which make your life worse in the long term (e.g., destroying your relationships, getting you into trouble with the police, etc.).

Then we could help the client look at his current behavior in terms of workability (payoffs versus costs). From there, we could ask if he would like to learn more workable ways of influencing others.

But what if he declines the offer—if he prefers to keep threatening, lying, manipulating, intimidating, and bullying? In that case we calmly put forward our own ethical stance. For example, we might say: "I'm sorry, but if I were to help you pursue this path of action, I would compromise my own ethical stance, which is basically 'First do no harm.' I'm not willing to help you do something that I believe will be harmful to you or others. However, there are plenty of other things I am willing to help you with." If we can't work effectively with the client or if doing so would compromise our own ethics, then the right thing to do is refer him to another practitioner.

The Perfectionism Trap

Some clients say that their value is perfection or to do things perfectly. In such cases we can ask, "What do you want to be perfect at doing?"

Suppose the client answers, "I want to be the perfect mom," or something similar, such as a perfect teacher, tennis player, partner, friend, or

novelist. This gives us a foothold to explore the actual values beneath the perfectionism.

Therapist: So what are the qualities of a perfect mom?

Client: Well, she never makes mistakes or screws things up.

Therapist: For sure. But that's not what I'm asking. I'm asking what are her personal qualities? For example, is she loving, kind, and caring?

Client: Yes, of course.

Therapist: What other qualities does she have?

Client: Well, she's fair.

Therapist: Great. What else?

Client: She's fun to be around.

Therapist: Great!

Client: She's firm when she needs to be.

Therapist: Assertive?

Client: Yes.

Therapist: Okay, so it sounds like the qualities you'd like to embody as a mom are to be loving, kind, caring, fair, fun loving, and assertive.

Client: Yes.

Therapist: Okay. Well there's no way to do any of those things perfectly. That's just not possible. Maybe it's possible for fictitious characters in movies and novels, but real human beings can't do anything perfectly. However, you can live all those values to the best of your ability, even if you don't do them perfectly.

With clients like this, ongoing therapy will need to involve frequent defusion from perfectionistic ideas. Again and again, we'll need to revisit the distinction between trying to be perfect and doing one's best. We need to help the client face the reality that all of us are destined to screw

up again and again. And when we do screw up, we need to practice self-compassion (see chapter 14).

Values Conflicts

True values conflicts are incredibly rare. What people describe as values conflicts are almost always conflicts around time allocation or conflicts between rigid rules. For example, consider the client who is conflicted between focusing on her family and focusing on her career. The issue here isn't about values; it's about time. Basically, it boils down to "How much time do I spend focusing on my family, and how much time do I spend building my career?"

The starting point for reconciling this conflict is to help the client get clear about what her values are in the realm of family and what her values are in the realm of work, and to recognize that many of those values are the same in both realms. For example, she may want to be open, accepting, engaged, approachable, flexible, reliable, honest, responsible, supportive, and friendly both at work and at home with her family. On the other hand, values such as intimacy, sensuality, and having fun may apply at home but not at work.

The point is that whether the client spends one hour, ten hours, or seventy hours a week on her career, her values toward her work will be the same. And whether she spends one hour, ten hours, or seventy hours a week focusing on her family, her values toward her family will be the same. The conflict isn't in values, but in how she allocates her time. (Chapter 13 discusses how to help clients with such dilemmas.)

For another example, consider a couple where both partners have the same basic values regarding their children: to be loving, caring, and supportive. However, the wife wants her husband to get home from work at a reasonable hour in order to spend quality time with the kids. And he, on the other hand, wants to work late, earning as much money as possible in order to give the kids a private school education and fantastic holidays abroad.

The conflict here isn't about values; their values are the same (to be loving, caring, and supportive). The conflict is at the level of rules; each has rigid rules about the "right" way to act on the underlying values.

A good starting point with such a couple is to first explain the difference between values and rules. Next, we would help them clarify their

values, and also help them realize that their values are largely the same. Then, after establishing that sense of commonality, we'd get them to look at their rules and assess the costs of holding on to them too tightly. Finally, we'd have them consider to what extent they're willing to bend the rules in the service of a richer, deeper relationship. (For detailed information on how to work with such conflicts in partner relationships, see my self-help book *ACT with Love* [Harris, 2009b].)

Here's one more example: Consider an apparent conflict between therapist values and client values. Again, this is almost always a conflict at the level of rules, beliefs, or goals, not values. Typically, the client wants to pursue a goal or hold on to a belief system that the therapist disagrees with or disapproves of. For example, the client may want to have an affair, partake in an illegal activity, or espouse racist or sexist ideas. In such instances, we need to consider whether we are willing and able to work effectively with that client. We need to ask ourselves whether we can defuse enough from our own beliefs and make enough room for our own discomfort to be able to work effectively. If we can't work effectively with the client, or if doing so would compromise our ethical standards, we should refer the client to someone else.

The "I Don't Know" Monster

Many clients respond to questions about values with comments like "I don't know." In response, therapists all too readily fuse with thoughts like *Oh no! This client just doesn't get it. What do I do now?* The first thing we need to do at times like these is unhook ourselves from unhelpful mind chatter, make room for our anxiety, and get fully present with the client. At the same time, we need to do a bit of function spotting. We need to ask ourselves, "What is the function of this behavior?" In other words, what purpose does saying "I don't know" serve? What is it intended to achieve?

It could actually be intended as a request for information. Values may be such an alien concept that the client may genuinely have no idea what we're talking about. If so, we run through steps 1, 2, and 3 above, briefly give several examples of values, and then get into an experiential exercise. If the experiential exercise doesn't work or the client resists it, we can use the Forty Common Values Worksheet. (This also works well with clients who say, "I don't have any values.")

However, this behavior—saying "I don't know" in response to a difficult question—could be an avoidance move. Questions about values often elicit unpleasant emotions, such as anxiety, confusion, or guilt. These are the triggers, or antecedents, to the behavior of saying, "I don't know." And what are the payoffs, or reinforcing consequences, of this behavior? It enables the client to avoid the question and get rid of those unpleasant feelings.

If we think avoidance is the function of the behavior, we can deal with it in a variety of ways. For example, if we haven't done step 1 (giving a rationale for exploring values) or step 2 (explaining what values are), we can now take time to do so.

If we've already completed those steps, then we could reaffirm the rationale for this work (step 1) and then say to the client, "I get that right now you don't know the answer to my question. Would you be willing to do an exercise with me so that we can find an answer to it?" Then we can move into step 3.

We can also help the client spot the function of this behavior.

Therapist: I'm willing to be wrong about this, but here's what I think is happening. Often, when I ask people about this values stuff, they feel anxious or confused or both. And remember, the mind is a problem-solving machine: whenever it encounters something unwanted, it tries to either avoid it or get rid of it. So when the problem is that someone is asking you a tough question and you're feeling uncomfortable, the mind's solution is often to say, "I don't know." And if saying "I don't know" ends the conversation, then immediately the discomfort disappears: problem solved, right? However, here's the downside: if we allow the conversation to end at that point, then we never get to clarify values, so we never get all those benefits I mentioned earlier.

At this point, the therapist has several options. One would be to implement the Off-Track On-Track technique, from chapter 6. Here are some other possibilities:

- "Is it okay if we check my theory out? As I said, I could be wrong. But let's just see. I'm going to ask you that question again, and this time don't answer me. Just pause for at least thirty seconds

and notice what thoughts and feelings show up." *(The therapist can now do defusion or acceptance with whatever feelings arise.)*

- "Does my theory seem about right to you? *(Client says yes.)* So would it be okay if we persisted with this topic a while longer, even though your first answer is 'I don't know'? Can I ask you the question again, and this time just get you to sit with it for a minute or two, without speaking, and just see what sort of thoughts show up? Again, the first thought is likely to be 'I don't know,' but just stay with it and see if any new ones show up after that."
- "Does that theory seem right to you? *(Client says yes.)* Well, your reaction is very normal; values work is really uncomfortable for a lot of people." *(The therapist now moves to some or all of the following strategies.)*
  - "Can I ask what you're feeling right now? Where in your body is it?" *(The therapist now moves into mindfulness of feelings and self-compassion.)*
  - "What's your mind saying now?" *(The therapist now moves into defusion.)*
  - "Would you be willing to continue with this, even though it's uncomfortable, if it could make a real difference in your life?" *(The therapist can now use any metaphor she wishes about accepting discomfort in the service of valued living, such as the dentist metaphor from chapter 1.)*

The "I Don't Care" Monster

When a client says, "I don't care about anything," "Nothing matters," or "This is a waste of time," these behaviors usually have the same function as saying, "I don't know": to avoid the difficult conversation and the unpleasant feelings that go with it. Thus, we can respond the same way as in the previous section: first help the client spot the function of the behavior, then move to the options listed above.

Experiments

Rehearse the four-step process for introducing values in private.

Run through the process with at least one client in session.

If there are any aspects of values that you can't yet fluently talk about, practice them until they come easily. Say them out loud, as if talking with a client.

If you're avoiding experiential exercises and trying to get at values purely through conversation, then you know what to do: get ACT-ive!

CHAPTER 8

Polite Interruptions

Have you ever encountered a client who seemed unable or unwilling to stop talking? And did you ever fall into the role of good listener because you didn't know how to stop him? What were those sessions like? Boring? Frustrating? Exasperating?

In this chapter, we're going to look at problematic behaviors that occur in session: how to interrupt them and how to reinforce an alternative workable behavior. I'm going to start with the example of a client who won't stop talking, because so many therapists find this a major challenge. Then I'm going to expand to general principles that we can apply to any problematic behavior.

The Client Who Won't Stop Talking

The client who won't stop talking comes in different guises. She may be highly anxious and desperate to talk about her worries, as if she'll explode if she doesn't get the words out fast enough. He may take the form of the fastidious narrator, recounting his stories in painstaking detail and seemingly oblivious as to what's relevant and what isn't. She may simply ruminate excessively, get bogged down in "analysis paralysis," or complain ceaselessly about how everyone else is to blame. Or he may just want to keep telling the same old story over and over again, session after session.

Such clients present us with a great challenge. As practitioners we want to be respectful and compassionate. However, if all we do in a session is listen compassionately while allowing the client to talk, talk, talk, then as discussed earlier, we're likely to reinforce unworkable behavior.

Therefore, we need to find a respectful and compassionate way of interrupting the client's unworkable behavior. Chapter 6 touched on this

issue with the Off-Track, On-Track technique: setting an agenda for the session, agreeing to collaborate as a team, and using a sheet of paper to defuse derailing tactics. However, sometimes this approach isn't enough. Sometimes we simply have to interrupt the client, even when he's in midflow. As a general rule, we can do this respectfully and compassionately using the following steps:

1. Acknowledge that it's rude to interrupt.
2. Genuinely apologize for doing so.
3. Give a rationale for why it's necessary.

As an example, consider the transcript that follows. The client, who suffered from generalized anxiety disorder, had a tendency to talk at high speed, without stopping, for five to ten minutes at a time or sometimes even longer, just pouring out a litany of her worries. In the first session, the therapist had been virtually unable to get a word in edgewise. The transcript below took place about twenty minutes into the second session. Up until this point the client had been talking nonstop about all her worries, barely allowing the practitioner to utter a sentence.

Caution: As you read the transcript that follows, keep in mind the respectful and compassionate stance the ACT practitioner aims for. This can easily get lost in a written transcript. If the intervention below were delivered in an aggressive, judgmental, or frustrated manner, or an aloof, dismissive, cold, and uncaring manner, it would all go horribly wrong. Also keep in mind that this is a last-resort approach: it's really pulling out the big guns.

Client: *(Talks at ultrahigh speed, full of anxiety, with no pauses in the flow of speech.)* …and it just goes on and on, one thing after another. I never get any peace. No one gives me a break. Just once, you know, for just one day, it would be great if I had, you know, just a bit of peace and quiet, and you know it's not as if I haven't tried, because I do; I try lots of different things. I really do. I just think there's something wrong with me, something wrong with my brain. I was reading this article the other day—

Therapist: *(Raises his hand, palm open, as if to indicate "stop," then speaks calmly and kindly, with a soft tone of voice.)* Sarah,

can I please just interrupt you for a moment? There's something very important I'd like to share with you.

Client: *(Again talks at high speed, without any pauses.)* Okay, yeah, sure, but let me just tell you this while it's fresh in my mind, because sometimes I have things I really want to say and I just forget—

Therapist: *(Again raises his hand, palm open, and speaks in a calm, kind voice.)* Please, Sarah. I know it's rude of me to interrupt you, and I'm really sorry to have to do it, but there's something I have to share with you.

Client: *(Again talks at high speed without any pauses.)* Uh, okay, but I'm pretty sure I already know what it is, though. You're going to say you think there's something wrong with me, which is what *I've* been saying all along, I mean I told you, and I told my GP, that there's something wrong with my brain, because I read this book, see—

Therapist: *(Again raises his hand, palm open, and speaks in a calm, kind voice.)* Sarah, please. I know this is rude of me, and I apologize, but I'm asking you to let me interrupt you—to let me have a turn at talking and for you to take a turn at listening. Would you be okay with that, just for a couple of minutes? I want to hear what you have to say, but first there's something I really need to say. I'm only asking this because it's so important. And if I don't get a chance to talk here, I think we're going to waste the whole session.

Client: *(Sounds concerned.)* What do you mean, waste the session?

Therapist: I'll explain what I mean in a moment. Are you willing to let me have a couple of minutes to talk here?

Client: Yeah, that's fine, of course. I'm a bit surprised, like, I don't want to waste any sessions or anything. I mean, I pay good money for this. I mean, I've seen a lot of therapists already, and do you know how many—

Therapist: *(Again raises his hand, palm open, and speaks in a calm, kind voice.)* Sarah, please. This is now the fourth time I've asked for permission to talk, and I'm starting to feel a bit

frustrated. Would you be willing to just stop talking for a couple of minutes and let me speak?

Client: Okay. Okay. *(Shifts position in her chair and adopts a body posture and facial expression that conveys disapproval.)*

Therapist: Thank you. I can see this is uncomfortable for you, and I really appreciate you allowing me to do this. My fear in interrupting you like this is that you're going to be offended or annoyed. But my fear of what will happen if I don't interrupt you is even greater. I think, if we carry on like the way we've been going until now, we will not achieve anything in this session that will make a long-term difference to your life. So I really am grateful that you're allowing me to speak.

Obviously, this is a fairly extreme example. With many clients we won't have to ask four times; once or twice will be enough. Notice that on the fourth occasion above, the therapist said, "This is now the fourth time I've asked for permission to talk, and I'm starting to feel a bit frustrated." This was a deliberate strategy. Such honest self-disclosure can provide valuable feedback for clients, as I'll discuss below.

Most therapists experience a lot of anxiety when doing such interventions. We fear invalidating, upsetting, alienating, or offending the client; destroying the therapeutic alliance; or provoking a hostile response of some sort. Of course, one easy way to avoid such anxiety is to play the role of good listener. This is why we regularly need to ask ourselves, "Am I willing to make room for discomfort in the service of acting on my values?" Yes, with such interventions there is indeed a risk that the client will be upset or offended. But the far greater risk is that allowing unworkable behavior to continue will actually reinforce it. We need to create an environment where we can help clients disrupt old, unworkable patterns of behavior and develop new ones that are more workable.

Six Steps for Undermining Unworkable Behavior

There are six basic steps for undermining any unworkable behavior, from ceaseless worrying and ruminating to endlessly blaming others, and from

criticizing and insulting the therapist to asking scores of irrelevant questions. We can use some or all of these six steps, and many interventions combine several at the same time:

1. See the client's behavior as an opportunity.
2. Respectfully interrupt the behavior.
3. Nonjudgmentally describe the behavior.
4. Clarify the intention of the behavior.
5. Consider the workability of the behavior.
6. Reinforce an alternative workable behavior.

Step 1: See the Client's Behavior as an Opportunity

In chapter 3, I discussed the importance of being flexible in ACT. One aspect of this flexibility is being able to let go of our agenda. If problematic client behavior is happening right in front of our eyes in the room, then let's temporarily put aside whatever we had planned for the session and instead make this behavior the immediate focus.

Many of us fail to realize that problematic in-session behavior is the best material for us to work with. All too often, we see such behavior as an obstacle to doing the "real work" of therapy. We need to actively reframe this. We need to recognize that this behavior is almost always fueled by fusion or avoidance or both. Therefore, it gives us a golden opportunity to actually do ACT in the here and now, instead of merely talking about it. And let's not forget: problematic behaviors that show up in the therapy room are likely to show up in many other areas of the client's life, as well.

Step 2: Respectfully Interrupt the Behavior

Once we're in the right head space, seeing the behavior as an opportunity for therapy, not an obstacle to it, our next step is to interrupt the behavior. There are many ways to do this. Here are just a few examples:

- "May I please interrupt you for a moment?"

- "Is it okay if I call time-out for a moment?"
- "You know, there's something I'm noticing happening in this room, and I'd like to share it with you."
- "Can I stop you right there? There's something really important happening here, and I think we need to address it."

Interrupting the client is the step we're most likely to balk at, typically due to our own fusion and avoidance. So we could take the opportunity to use the situation to model ACT for the client, as in the following example.

Therapist: There's something I notice happening here in the room—something that's a bit problematic. And I'd really like to share it with you. My mind's telling me you're going to be upset or offended or angry about what I say. And I'm feeling really anxious about it: my stomach is churning, and my heart is pounding away. And I have to admit, I have a strong urge just to bite my tongue and keep quiet about it. But my aim in this room is to help people live better lives. So if I just sit here and say nothing about what I've noticed, then I would not be true to my values as a therapist. And I wouldn't be doing you a service, either. So even though I'm feeling really anxious and my mind is yelling at me to keep my mouth shut, I'm going to tell you what it is I've been noticing.

Notice how the therapist has explicitly modeled five of the six core ACT processes: defusion, acceptance, values, committed action, and contacting the present moment. Plus, by now, the therapist undoubtedly has the client's full attention!

To be most effective and respectful, include the following elements in a request to interrupt the client:

- Asking for permission
- Being willing to be wrong
- Giving a rationale
- Agreeing to an interrupt signal

Asking for permission. When we ask the client for permission to interrupt, it communicates respect. (At other times in ACT, we may ask for permission to introduce a new exercise or keep going a bit longer with one that is challenging. For example, we may say, "Is it okay if we do a little exercise right now? You don't have to; I'm only suggesting it because I think it will be helpful" or "Is it okay if we stay with this exercise a while longer? You certainly don't have to; we can stop anytime. It's just, if we can go a bit longer, I think you'll get more out of it. But it's totally up to you.")

Willingness to be wrong. A genuine, humble willingness to be wrong is very important. Our theories, observations, and predictions may be spot-on, but they may also be way off. It's often helpful to use the phrase "I'm willing to be wrong about this" as a preface to comments or observations, particularly if theorizing about the function of a client's behavior or suggesting that an exercise will be helpful.

Giving a rationale. Giving a good rationale for an intervention often facilitates willingness in the client. It also communicates respect. Sometimes the rationale might be pretty vague: "I think this will help you" or "I think you'll learn something useful." Other times it may be specific and detailed, as in the next transcript.

Agreeing to an interrupt signal. With some clients, especially those who won't stop talking, it's useful to get permission to interrupt on an ongoing basis and to agree to a signal for doing so.

Here's an example of how those four elements might be combined.

Therapist: I'm willing to be wrong about this, but it seems to me that when your mind tells you to say something, you just *have to* say it. It's like you've got no choice in the matter; you just have to do whatever your mind tells you to. One of the things I think would be really helpful here is if we could work together to help you get back some control over what you do. At the moment, your thoughts and feelings are mostly in control of your actions, and that's obviously not working too well for you. I'd like to help you take more control of your actions so you can do the things you really want to do, deep in your heart. How does that sound to you? *(Client agrees.)*

> Great. So at those times when I think your mind has taken over and is calling all the shots, is it okay if I interrupt you? I'll just put up my hand like this *(holding hand up, palm open)*, and when I do that, it means stop talking for five seconds, notice what your mind is doing, and notice what you're feeling in your body. Would that be okay? I know it sounds a bit odd, yet it's a simple but powerful first step in taking back control of your actions. When I do it, you'll still feel a strong urge to keep speaking, but you'll learn that you don't have to act on that urge.

Step 3: Nonjudgmentally Describe the Behavior

The next step is to calmly, kindly, and respectfully describe the behavior we've noticed, doing so in a compassionate and nonjudgmental manner. (In order to do this well, we need to open up and make room for any uncomfortable feelings we may have, such as frustration or anxiety, and defuse from any judgments we may have about the client and her behavior.) Here are a few examples:

- "I've noticed that you tend to talk very fast, without really pausing. And when I attempt to say something, you mostly don't stop to listen. Or if you do stop, it seems like you're not willing to give me more than a few seconds of airtime before you start talking over me."
- "I've noticed that every time we broach the topic of X, you change the direction of the conversation and take us on to a completely new topic."
- "I've noticed that you've started telling me about X, Y, and Z again. And I'm a bit confused as to why you're doing that—because, and I don't know if you realize this, you've already told me about this in great detail at least four times in the last few sessions."

We can also combine this step with some gentle defusion, as follows: "I've noticed that every time I ask you about what you can do differently,

you suddenly start this behavior of blaming people. It's as if your mind suddenly trots out this list of what everyone else is doing wrong."

Step 4: Clarify the Intention of the Behavior

The next step is to explore the purpose or intention of the behavior (i.e., spot the function of it), typically with questions such as these: "Can I ask what you're hoping to achieve by doing this?" "Can I ask you to reflect for a moment on what purpose this behavior serves?" "What do you expect to happen as a result of doing this?" "What outcome are you looking for when you do this? Is there maybe something you want me to understand or a particular reaction you want to get from me?"

Some clients will be confused by such questions. They may say things like "I don't know; I just do it" or "I didn't even realize I was doing it." At this point, we have a choice to make. We could provide a simple didactic or metaphorical explanation to help the client understand the behavior in question. Alternatively, we could lead the client through a step-by-step functional analysis of the behavior as described in chapter 4. In the first two examples below, the therapist chooses to give a didactic explanation. In the third example, she opts for a more metaphorical explanation: the mind as a problem-solving machine.

Therapist: Well, I'm willing to be wrong about this, but here's my theory: I think that when I ask you that question, it brings up uncomfortable feelings. Your mind comes to your rescue and takes the conversation in another direction so you don't have to answer the question, and those uncomfortable feelings go away.

Client: *(Seems pensive.)* Hmm.

Therapist: Of course, I could be wrong about that. Can we test it out? If you're okay with it, I'm going to ask you the same question again, but this time please don't say anything at all for at least twenty seconds; instead, just notice what thoughts and feelings show up for you.

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Therapist: Well, I'm not saying this is the hard-and-fast truth, but here's what I think is going on: While you're busy talking about all your problems, it gives you at least two major benefits. First, it helps distract you from unpleasant feelings in your body. Second, you feel like you're working very hard on solving your problems and it's going to lead to some sort of useful solution.

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Therapist: Well, I'm willing to be wrong about this, but can I share my theory with you? We've already talked about how the human mind is a problem-solving machine, right? *(Client agrees.)* The essence of a problem is usually "Here's something unwanted," and the essence of a solution is often "Avoid it or get rid of it," right? *(Client agrees.)* So the "problem" in this room is that I am trying to talk to you about something that makes you feel uncomfortable, and the solution your mind comes up with is *Say insulting things to my therapist so she'll back off and leave me alone.*

Step 5: Consider the Workability of the Behavior

In this step, we ask the client to reflect on his behavior in terms of how workable it is. Again, there are many ways to do this, including the Off-Track, On-Track technique, in chapter 6. Broadly speaking, however, we can lump all these interventions under two main categories, which frequently overlap:

- Workability in terms of the agenda for the session
- Workability in terms of cooperating as a team

Workability in Terms of the Agenda for the Session

The first category of intervention is getting the client to assess how his behavior is working in terms of achieving whatever is on the agenda

for the session. Depending on the client and where we are in therapy, this might be a very specific agenda, such as quitting drinking or building a better relationship with someone important, or it might be a very vague agenda, such as improving his health, making his life better, or being more successful.

Obviously, the more stuck the client and the earlier we are in therapy, the more likely the agenda is to be vague and generalized. For example, for the client who says, "Nothing matters to me," the agenda might be seeing if we can find something that does matter. As therapy progresses, however, we aim to make the agenda more specific: to focus in on a domain of life, clarify the client's values within it, and set a specific goal. (At this point, you might wish to quickly turn back to chapter 6 and remind yourself about how to set an agenda for the session.) Here are a couple of examples; the first with a specific agenda, the second with a vague agenda:

- "Can I please ask you to consider something? If all our sessions go the same way as this—with you talking about your worries and me just sitting here, listening and nodding my head—how will that work in terms of helping you to become the sort of mom you want to be and build a better relationship with your children?"
- "Can I ask you for your honest opinion, here? Will telling me this story again work to help you build a better life? Will it help you make important changes in your life or learn new skills to handle difficult thoughts and feelings more effectively?"

At this point, sometimes clients fuse with guilt, shame, or embarrassment. When that happens, we can come back to the top corner of the triflex and ground them in the present moment. Then we can help them to defuse from any harsh self-judgments (e.g., by saying something like "Notice how your mind is beating you up here!") or move to self-compassion (discussed in chapter 14).

Workability in Terms of Cooperating as a Team

We can also ask clients to notice the effects of their behavior on the therapeutic relationship. (Note: As a general rule, it's safer to use the word "team" than "relationship," as many clients are uncomfortable with the latter term.) Here's an example.

Therapist: What I'd really like is for us to work together as a team here—a friendly and cooperative team working together to help you build a better life. Are you on board with that? *(The client agrees.)* Great! So can I ask you, when you… *(nonjudgmentally describing the behavior; e.g., "when you raise your voice at me," "…call me incompetent," or "… won't allow me to talk")*, what effect do you think that has on the team?

At this point, many clients will recognize and acknowledge that their behavior isn't helping to create a good team. If the client acknowledges this, the therapist has another choice to make: either go straight to step 6 and focus on an alternative workable behavior, or take a detour to discuss other important relationships where the problematic behavior occurs and the effects it probably has on those relationships, then go on to step 6.

Again, if at any point the client fuses with guilt, shame, or embarrassment, the therapist moves to grounding, defusion, and self-compassion. Of course, some clients may not recognize or acknowledge the effects of their behavior on the relationship. The therapist could then ask a more leading question, as follows.

Therapist: What effect do you think that has on the team?

Client: *(Seems confused.)* I… I don't know.

Therapist: Well, when you say things to me like "You're only here for the paycheck" and "You don't know anything," do you think that helps us build a better, stronger team?

If the therapist thinks it would be useful, she could also disclose her own reaction to the client's behavior. Here are some examples:

- "When you shout and clench your fists like that, I feel really anxious. Is that the effect you want to have on me?"
- "When you don't allow me to speak, I feel frustrated. And I assume you don't intend this, but it comes across as if you don't really care about what I have to say."
- "When you tell me this story over and over again, I feel completely disconnected from you. It's like the story has taken over, and I've completely lost touch with the human behind it."

If the client still fails to realize or acknowledge the unworkability of his behavior, he's probably highly fused and avoidant, in which case we could move to grounding, defusion, or self-compassion. However, there is another possibility to consider: lack of ability in perspective taking.

When we ask the client to look at the effects of his behavior on the therapeutic relationship, this requires a shift in perspective. The client needs to look at his behavior from the therapist's point of view and consider how it's impacting the therapist. Clients who lack perspective-taking skills will be unable to do this. If the therapist thinks this is the issue, she would then tell the client, compassionately, respectfully, and in plain English, what effects his behavior is having on the relationship and how that's interfering with the agenda.

The therapist would also make a mental note for herself that, as therapy proceeds, she will probably need to help the client develop perspective-taking skills. The ability to take another's perspective is at the core of empathy, compassion, and theory of mind, and is therefore essential for building healthy relationships.

Step 6: Reinforce an Alternative Workable Behavior

Once we've interrupted an unworkable behavior, we want to instigate and reinforce a new, alternative behavior that's more workable. Most commonly this would involve some sort of mindfulness intervention: defusion, acceptance, contacting the present moment, or some combination thereof.

For example, in the Off-Track, On-Track technique, in chapter 6, the new behavior is to write down or place a tick mark by the derailing tactic and then return to the original topic. Another example appeared earlier in this chapter, when the therapist sought the client's agreement on an interrupt signal; in that scenario, the new behavior the therapist suggested was to "stop talking for five seconds, notice what your mind is doing, and notice what you're feeling in your body."

We might ask the client to try any number of alternative behaviors in session: for example, using the Dropping Anchor technique; noticing and allowing an urge instead of acting on it; reconnecting with values and remembering what's important about this work; or using self-commentary

to facilitate defusion and acceptance, such as "I'm noticing the urge to…," "Here's anger," or "There's my mind going into blame mode."

When new, workable behavior does occur in the room, it's extremely important to actively reinforce it. If, as the session progresses, the client manages to interrupt his own unworkable behavior and do something more workable, let's make sure to notice it, acknowledge it, and say something positive about it. Here are some examples:

- "You know, I could really sense you giving me your full attention there. That means a lot to me."
- "I notice that you stopped yourself from talking then and allowed me to speak. Thank you. Now I feel like we're more of a team."
- "I noticed something really cool just now. This time when I asked you what you can do differently, instead of automatically blaming other people you stayed on the topic and answered me. Do you notice how that makes our session more productive?"

Experiments

- Go through this chapter again and read the transcripts aloud, as if talking to clients.
- Once you've done that, put these interventions into your own words. Create ways to reflect your personal style as you respectfully interrupt unworkable behavior, nonjudgmentally describe the behavior, clarify the intention of the behavior, consider the workability of the behavior, and reinforce an alternative workable behavior.
- Think of a client you currently work with who's making sessions hard for you with some pattern of behavior. Remind yourself this behavior is a golden opportunity to *do* ACT instead of talking about it. Then mentally rehearse using the methods in this chapter with that client.
- Once you've rehearsed these methods, try them out in session and assess the results: What worked? What didn't work? What could you do differently next time?

CHAPTER 9

"I Just Want to Get Rid of It!"

Some clients are quite open to the agenda of acceptance. Others, however, are hesitant or reluctant. And some—typically those highest in experiential avoidance—are actively opposed to it. So this chapter addresses common sticking points in acceptance, with a major focus on clients who resist it.

Paving the Way for Acceptance

Before we go any further, I'd like to address three approaches that can help prevent or reduce resistance to acceptance from the outset: choosing our words carefully, explaining acceptance effectively, and preceding acceptance with grounding and defusion.

Choosing Our Words Carefully

First, we can reduce some of this resistance by choosing our words carefully. I recommend not using the word "acceptance" with clients in early sessions, as many of them will misunderstand it. They're likely to think it means tolerating difficult or painful experiences, putting up with them, giving in to them, liking them, wanting them, or approving of them. Instead, try using terms and descriptions like "making space," "making room," "expansion," "opening up," "breathing into it," "dropping the struggle," "sitting with it," "holding it lightly," "allowing it to flow freely through you," or "letting it come, stay, and go in its own good time without getting into a struggle with it and without getting swept away by it."

Explaining Acceptance Effectively

Second, we can inadvertently create resistance by inadequately explaining what acceptance involves. In my opinion, the simplest and quickest way to convey what we mean by acceptance is through acting out a physical metaphor such as the Pushing Paper exercise. (This is an updated version of the pushing against the clipboard metaphor in *ACT Made Simple*.)

Therapist: Is it okay if I take you through a little exercise? *(Hands the client a sheet of paper.)* Imagine this sheet of paper is all the painful thoughts and feelings you'd like to get rid of. Hold it tightly with both hands and push it as far away from you as you can. *(Client grasps the paper and pushes it away, arms outstretched.)* Good, but see if you can push it even farther. Straighten your elbows and push your shoulders out from their sockets; get this stuff as far away from you as possible… Great!

What you're doing right now is exactly what our culture has taught us to do: put unpleasant feelings as far away from us as possible, keeping them at arm's length. But as you're doing this, I want you to notice three things: First, notice how tiring it is. Are you getting tired yet? *(Client nods.)* Don't worry; we won't do it for much longer. Second, notice how distracting it is. Imagine trying to watch a movie, read a book, enjoy a meal, or have a conversation with someone while you're doing this. How difficult would it be to engage in and enjoy what you're doing? Third, notice how it stops you from doing the things that make your life work. Imagine trying to cook dinner, drive a car, type on a computer, or hug someone you love while you're doing this! How difficult would it be?

Now rest the sheet of paper on your lap. *(Client places the paper on his lap.)* Notice the difference. Specifically, notice three things: First, how much less effort is it? Is it less tiring? Second, how much less distracting is it? How much easier would it now be to watch a movie or engage in a conversation? Third, how much easier would it now be to do the things that make your life work? Move your arms

around and check it out. Wouldn't it be so much easier to cook dinner, type on a computer, or hug somebody?

Also *(pointing to the sheet of paper on the client's lap)*, notice that these feelings haven't disappeared. They're still with you, but now you're responding to them differently. As a result, they're having much less impact and influence over you. Now you're free to do the things that make your life work and to engage fully in what you're doing so you can make the most of it. Would you like to learn how to do this?

Client: But can't I just do this? *(Picks up the paper and throws it on the floor.)*

Therapist: Well, you've already tried doing that. You've done it hundreds of thousands of times, if not millions. There are so many ways to try to make this stuff go away: drugs, alcohol, food, TV, computers, vacations, buying things, reading books, listening to music, exercising, and so on. But isn't it the case that, although the feelings go away for a little while, they soon come back again? So doing this *(miming throwing the paper away)* is really just the same as doing this *(picking up a fresh sheet of paper and pushing it away with both arms)*. Tell me: would you like to learn how to do this? *(Rests the paper on her lap.)*

Of course, there are plenty of other metaphors to introduce acceptance, but physical metaphors make more of an impact than verbal ones.

Preceding Acceptance with Grounding and Defusion

The third consideration is this: If we suspect a client is high in experiential avoidance, it's best to begin with contacting the present moment and defusion before moving to acceptance. That way, if she gets overwhelmed by a feeling, we can ground her in the present moment (see the technique Dropping Anchor, in chapter 3). And if she fuses with thoughts like *It's too hard*, *I can't do it*, or *But I hate it*, we can help her defuse from them.

Common Sticking Points in Acceptance

When it comes to acceptance, there are six common sticking points for clients:

1. Lack of validation from the therapist
2. Remoteness from values
3. Strong payoffs for avoidance
4. Fusion with the thought *But I hate it!*
5. "Overwhelming" feelings
6. Pseudoacceptance

Sticking Point 1: Lack of Validation from the Therapist

If we leap into acceptance without first empathizing with the client, validating her pain, and normalizing her desire to get rid of it, she's likely to think we don't care, don't understand, or don't take her pain seriously. So when a client says, "But I hate this feeling! I just want to get rid of it," let's be sure to validate her reaction. Here's an example.

Therapist: Of course you hate it. Who wouldn't? It's really painful!

We may need to do this again and again, repeatedly empathizing with the client, acknowledging her pain, and normalizing her desire to make it go away.

Sticking Point 2: Remoteness from Values

In ACT, we would never ask a client to accept pain unless it was in the service of her values, enabling pursuit of some meaningful, life-enhancing goal. So if the client is resisting acceptance, we should consider whether we've clearly linked it to values or values-based goals.

Recall the triflex. If a client is stuck at acceptance (a component of the left corner, "Open Up"), we can dance across to values (a component of the right corner, "Do What Matters"). We can pull out a Bull's-Eye

Worksheet or another values tool and get the client in touch with her values, connecting her with what this work is all about.

Then we could ask, "Are you willing to make room for these painful thoughts and feelings if that's what it takes for you to get closer to the bull's-eye?" or "Are you willing to make room for this anxiety if it's what you need to do in order to be the sort of mother you want to be?"

For many clients, this will work well. However, it may fail miserably for those extremely high in experiential avoidance. In that case, we can use creative hopelessness interventions as described in the following section.

Sticking Point 3: Strong Payoffs for Avoidance

People high in experiential avoidance get strong payoffs for any behavior that provides relief from pain, no matter how short-lived that relief may be. They are therefore very reluctant to let go of the avoidance agenda. For such clients, we bring in creative hopelessness.

Creative hopelessness interventions create a sense of hopelessness about the client's agenda of avoidance. The aim is to make her more open to the alternative agenda of acceptance. There are many different ways to do creative hopelessness interventions, and they vary enormously in duration, from as brief as a few minutes to as long as an entire session. We may use them very sparingly—perhaps even as a one-time intervention—or we may use them extensively, in session after session. Despite their diversity, they all revolve around three questions:

- "What have you tried to make the pain go away?"
- "How has that worked *in the long term*?"
- "When you've used these strategies excessively, what has it cost you?"

I'm not going to describe any specific creative hopelessness interventions here because you can find good examples in any introductory ACT text, such as *ACT Made Simple* (p. 83). However, I will provide some tips that can help you be more effective with any creative hopelessness technique you use.

Tip 1: Prompt the Client

Most clients can't readily recall all the avoidance strategies they use, so we often need to prompt them—e.g., "Have you ever tried…?" A useful acronym that will help you recall the most common strategies is DOTS:

D = Distraction: What are all the ways you use to distract yourself?

O = Opting out: What people, places, situations, and activities do you opt out of, stay away from, quit, or withdraw from?

T = Thinking: How do you try to think yourself out of pain—for example, worrying, fantasizing, blaming, "analysis paralysis," positive affirmations, challenging thoughts, blaming others, self-criticism, or fantasizing?

S = Substances, Self-harm, and all other Strategies

(You might like to check out the Join the DOTS Worksheet in *ACT Made Simple*, p. 84.)

Tip 2: Clearly Acknowledge the Payoffs

We need to make sure we clearly acknowledge the payoffs of avoidance. We might say to the client, "So, clearly, many of these strategies help you reduce or get rid of the pain, *for a little while*." We should also add, "And if any of these things improve your life in the long term, it makes sense to keep doing them!" This is a very important message. We aren't mindfulness fascists in ACT; we don't expect people to give up all their avoidance strategies. Many avoidance strategies aren't problematic if used moderately, flexibly, and appropriately. They generally become unworkable only when we use them excessively, rigidly, and inappropriately.

Tip 3: Remind the Client That the Pain Always Returns

At the same time that we acknowledge the payoffs of avoidance—that it can cause the painful thoughts and feelings to go away *in the short term*—we also get the client to contact the fact that, in the long term, the pain returns. For example, we might say, "You've got many ways to

make these feelings go away for a short while. But do they go away permanently and never come back?"

Obviously we expect the client to answer no. If the client says yes, we reply along these lines: "Well, now I'm a bit confused. If you've found a way to permanently eliminate painful thoughts and feelings, I don't understand what you're doing here. I mean, why not just go away and do more of it?"

Tip 4: Ask but Don't Lecture about the Costs

We want the client to take a good, honest look at the costs of these behaviors, but we don't want to lecture him; we want him to see for himself that although his behavior has payoffs, it also comes with significant costs. For example, we might ask, "How many of these strategies give you some relief in the short term but keep you stuck or make your life worse in the long term? Would you say none, a few, most, or all of them?"

Here, we expect the answer "most of them." If the client says, "none," "a few," or "not many," we again reply along the lines of "Well, I'm a bit confused. If you've got all these ways way to get relief from painful thoughts and feelings, and they're not keeping you stuck or making your life worse in the long term, then I don't understand what you're doing here. Why not just go away and do more of them?"

Assuming the client answers, "most of them," we can follow up with a question such as "When you've relied excessively on these methods, what have they cost you in terms of health, money, wasted time, relationships, missed opportunities, or increased emotional pain?"

We can also explicitly link the costs to valued living by asking, "Do these behaviors generally help you create the life you want to live [be the person you want to be, do the things you want to do, etc.]?" or "In general, when you've used these strategies, have they taken you closer to the bull's-eye or farther away?" We could also point to each quadrant of the bull's-eye in turn and, for each one, ask, "What have these strategies cost you in this domain?"

Finally, a gentle reminder: Do this in a compassionate, nonjudgmental manner, with a genuine attitude of openness and curiosity. If we come from a place of judgment, being "right," or "knowing best," this intervention will backfire.

Tip 5: Arouse Curiosity

At the end of any creative hopelessness intervention, we want to arouse the client's curiosity about the alternative we're offering. Here's an example of how we might do this.

Therapist: So you have these very painful feelings, and, quite naturally, you've tried very hard to make them go away. Many of the things you've tried gave you some relief *in the short term*. But in the long term, those painful feelings keep coming back. And unfortunately, most of the strategies you've used to get rid of those feelings have had significant costs. In the long term, they've made your life worse, not better. So I'm wondering: Would you be open to trying something different—something radically new? Would you like to try a new way of responding to difficult feelings so they have much less impact and influence over you—something that's radically different from everything else you've tried?

Ideally, by this stage we've created a willingness in the client to let go of the avoidance agenda, and a curiosity about what the alternative is. If so, we can now introduce acceptance using very gentle, extremely brief interventions. (For examples of extremely brief interventions, see the wide range of ten-second acceptance techniques in *ACT Made Simple*, pp. 140–143.) Then, as the client's mindfulness skills improve over time, we can move on to longer and more challenging exercises.

Sticking Point 4: Fusion with the Thought *But I Hate It*!

No matter how skillful we are at creative hopelessness, some clients will stubbornly keep on saying, "But I hate those feelings. I just want to get rid of them." This is where many therapists get stuck. So let's go through some of the many ways we could respond (always, of course, compassionately, respectfully, and nonjudgmentally).

Validate the Pain and Repeat Creative Hopelessness

If the client persists in saying, "But I hate it; I just want to get rid of it," offer more validation, then return to creative hopelessness: "Of course you do. It's painful. It's unpleasant. Who wouldn't? And you've tried so hard to make it go away. But unfortunately, that just seems to make your life worse. So are you willing to try something different?"

Dance to Values

Recall the triflex. When stuck at "Open Up," we can dance across to "Do What Matters," perhaps along these lines: "Suppose I could wave a magic wand right now and all these thoughts and feelings would no longer bother you; they'd be like water off a duck's back, not affecting you in any way whatsoever. What would you do differently? What would you start and stop? What would you do more of and less of?"

Quote the Research

Some clients may be persuaded by the science, so consider explaining the evidence base, perhaps along these lines: "There's a lot of good research showing that when we use this approach, symptoms decrease. But this doesn't happen as a result of directly attacking the feelings—trying to fight them or make them go away. It actually happens as a side effect of dropping the struggle with them. Would you like to learn how to do that?" (Note: With this strategy, we have to be especially alert for "pseudoacceptance," which I'll cover shortly.)

Declare Your Own Helplessness

Another approach is to explain that you, like the client, experience painful thoughts and feelings, and that you don't know any way of getting rid of them: "I'm sorry, but I don't know how to do what you're asking. I have thoughts and feelings that are very similar to yours—and so does everyone I know. I don't know of any way to permanently get rid of them. But I do know a different way of responding to them so that they have much less impact and influence. Would you like to learn how to do that?"

Explain the Hard Facts

In an approach similar to declaring your own helplessness, you can emphasize the ineffectiveness of avoidance: "No coach, therapist, or doctor, working from any model of therapy or prescribing any type of medication, can guarantee that a treatment will get rid of all unwanted thoughts and feelings. All therapies and all types of medication have the same limitation: they can help you find new ways to handle difficult thoughts and feelings, but they can't permanently eliminate them. So I can't do the impossible. But I can help you find new ways to handle painful thoughts and feelings so they have less impact and influence over you. Would you be interested in learning how to do that?"

Confront the Illusion of Control

An approach that's often effective is to help clients see how little control we actually have. To this end, you can use a number of classic ACT exercises that target the illusion of control. (See *ACT Made Simple*, p. 94, or any introductory ACT text for examples.)

Dance to Defusion

Keeping the triflex in mind, if the client is stuck at acceptance, we can dance to defusion to promote flexibility: "So your mind says, *I have to get rid of it; there's no other solution*. I don't know how to do that, and I don't know anyone else who can do it either, but I do know another solution—one that's radically different from everything you've tried up to this point. So now you have a choice to make: do we give up, because your mind says, *I have to get rid of it; there's no other solution*, or do we let your mind say that and carry on?"

Use the Off-Track, On-Track Technique

If you've already introduced the Off-Track, On-Track technique, you can bring it in here: "I think this is another tactic your mind is using to take us off track. What do you think? Can I get you to write this one down too?" And of course, if you haven't yet introduced this technique, you can do so now.

Offer a Third Way

Yet another approach is an experiential metaphor that builds on the Pushing Paper exercise.

Therapist: I'd like your opinion on this, because I may have this wrong. It seems to me that at this point in time you have just two basic ways of responding to your difficult thoughts and feelings. *(Picks up a sheet of paper.)* Imagine that this sheet of paper is all of your thoughts and feelings. One way of responding to them is like this. *(Holds the sheet of paper up in front of his own face, touching his nose.)* You get all caught up in your thoughts and feelings. They dominate, control, and overwhelm you. The other way you have is this. *(Pushes the paper away, as in the Pushing Paper exercise, described above. If the therapist hasn't previously gone through this metaphor, he now does so and then continues.)*

As long as you only have these two ways of responding, these thoughts and feelings will always seem horrible, feel overwhelming, and control your life. So would you like to learn a third way of responding, one that's radically different from the other two?

Client: But you don't understand. I have an anxiety disorder! I *have to* get rid of my anxiety.

Therapist: As long as you have only these two ways of responding to anxiety, you'll always have an anxiety disorder. What creates anxiety disorders is not anxiety itself, but ineffective ways of responding to it. There's no way to permanently eliminate anxiety; everyone experiences it at times. But as long as you have only these two ways of responding, anxiety will always seem overwhelming and horrible and have a huge impact on your life. So would you like to learn a third way of responding, one that's different from the other two?

Utilize a Longer Creative Hopelessness Intervention

Sometimes creative hopelessness interventions are ineffective because they are too brief or are done at too much of an intellectual level. If so, we can take the client through a longer, more extensive, and more emotive creative hopelessness intervention utilizing the Bull's-Eye Worksheet.

Therapist: Is it okay if we take another look at what it's costing you to go through life this way, trying so hard to avoid or get rid of these feelings? I know we briefly discussed this before, but I don't think you really got in touch with just how hard this attitude is making your life. Can we take a few minutes to really explore what this is costing you?

If the client agrees, the therapist goes through the Bull's-Eye Worksheet and explores all the costs of avoidance, great and small, in each quadrant, asking the client to notice and acknowledge the painful thoughts and feelings that show up.

Sticking Point 5: "Overwhelming" Feelings

If the client is obviously struggling with intense emotions or complaining that her feelings are overwhelming, the first step is to ground her—to get her to make contact with the world around her. For example, we could take her through the Dropping Anchor technique (see chapter 3) or other grounding or centering techniques.

We could do this repeatedly throughout the session, and we could also ask her to practice these techniques between sessions. As the client develops this skill, we can then make brief, gentle forays into acceptance, dancing between "Be Present" and "Open Up."

Sticking Point 6: Pseudoacceptance

I use "pseudoacceptance" to mean experiential avoidance masquerading as acceptance. Sometimes this happens because the therapist sends mixed messages (discussed in chapter 1). Other times it occurs because the client simply doesn't understand acceptance.

Often, we become aware of pseudoacceptance only when the client takes away an acceptance technique and returns with the complaint that it's not working. If we ask, "What do you mean it's not working?" and the client replies, "It didn't make the anxiety go away," we know he's practicing pseudoacceptance: his real agenda is obviously not to accept the feeling, but to get rid of it. In this case, we need to revisit the Pushing Paper exercise or something similar to highlight the purpose of genuine acceptance.

We could also compassionately point out that although painful feelings often diminish or disappear when we practice acceptance, this is a bonus, not the main aim. I often say, "By all means enjoy it when the painful feelings disappear—as they very often will—but please don't expect it, or you'll soon be disappointed. The point of doing this isn't to get rid of the feelings, but to free you from struggling with them. When you drop the struggle, you can put your energy into doing the things that really matter to you. You can also engage fully in what you're doing—which happens to be the foundation for success, well-being, and happiness in any area of life."

Experiments

- Read through all of the therapist scripts and suggested techniques in this chapter out loud, modifying the language to suit your style.
- Reflect on any clients you currently have who seem opposed to the idea of acceptance. Consider which strategies from this chapter might be most helpful for each, then try some of them out in the next session.

CHAPTER 10

Sticky Thoughts

When it comes to defusion, there are four main ways in which we can unintentionally keep our clients stuck: intellectualizing, invalidating the client, being inflexible with technique, and encouraging pseudodefusion. Let's take a look at each in turn.

Intellectualizing

In ACT, we prefer to introduce new concepts through metaphors or experiential exercises, rather than through wordy explanations or technical descriptions. The more we talk to clients about what defusion is, what it involves, and how to do it, the more we risk getting into an intellectual, analytical mind-set. Thus, it's a good idea to find a simple metaphor or exercise to introduce the concept of defusion succinctly. My personal favorite is the hands as thoughts metaphor.

Therapist: For this little exercise, imagine your hands are your thoughts, and place them together, upturned, as if they are the pages of a book, and let them rest on your lap. *(The therapist demonstrates, and the client copies.)* And notice right now, you are not caught up in your thoughts; you can look around the room, take it all in, and easily give me your full attention. Now, ever so slowly bring your hands up toward your face…until they are covering your eyes. *(The therapist demonstrates, and the client copies.)* So now you are all caught up in your thoughts. In ACT, we call this fusion; we say you are fused with your thoughts.

And I invite you to notice three things: First, get a sense of how much you are missing out on. What's your view of the room like? What's your view of my face like? You are missing out on a lot. Second, notice how distracted and disconnected you are. Imagine trying to watch your favorite movie, play a sport, eat a meal, read a book, or talk to someone you love while you're doing this. How difficult would it be to engage in what you are doing and give your full attention to the task at hand? Third, notice how this is tying you up, how difficult this makes it for you to take effective action—to do the things that make your life work. Imagine trying to drive a car, cook dinner, type on a computer, go to the gym, or cuddle a baby when you're like this. *(All this time, both therapist and client have their hands over their eyes.)*

Now, ever so slowly increase the space between you and your thoughts *(slowly lowering his hands, with the client following suit)*…and notice what happens to your view of the room. Notice as you separate from your thoughts and engage with the world around you how much richer and fuller your experience is. *(The therapist rests his hands on his lap and the client does likewise.)* We call this defusion. And now that you have "defused" from your thoughts, notice: you are not missing out; you are no longer disconnected or distracted. Now you are fully present. You can give your full attention to whatever you are doing: reading a book, watching a movie, talking to a loved one. Also notice: you can now act far more effectively; now it's so much easier to ride a bike, drive a car, cook dinner, type on a computer or hug someone you love.

And can I ask you to notice one more thing? Your hands are still there. You haven't chopped them off. If there's something useful you can do with them, you can use them. If not, you let them rest there. And in ACT, we do the same with our thoughts. If they're helpful, we use them; we let them guide what we do. But if they're not helpful, we just let them do their own thing—we let

them hang around, or come and go, in their own good time, without getting caught up in them.

Once we've introduced this metaphor, we can use it at any point to help the client discriminate how fused or defused he is.

Therapist: Right now, can I get you to notice how present you are? If this *(holding his hands over his eyes)* is totally disconnected from the world around you, all caught up in your thoughts, and this *(lowering his hands to his lap)* is totally present, engaging fully in what you're doing and giving it your full attention, can you show me with your hands how present you are right now?

Invalidating the Client

In ACT, we always have to be careful that we don't invalidate the client's experience. For example, a popular ACT saying such as "Thank your mind for that thought" could obviously be highly offensive to some clients in some contexts.

Therefore, first and foremost we need to work from a place of great respect and compassion, and if we think there's a risk that a client will feel invalidated by a particular technique, let's err on the side of caution and choose a different one. For example, we might suggest that a client say to herself, "There go those thoughts again," rather than, "Thanks, Mind."

We also need to be clear about the rationale for defusion: Have we clearly conceptualized the client's issue? What role does defusion have to play? And at what stage should we explicitly bring it in?

For example, if a client presents in acute grief following the loss of a loved one, we'd typically start with work around self-compassion. We certainly wouldn't start by asking the client to defuse from thoughts about how much pain she's in! However, if this client were to get stuck as she moves through the grieving process and fuse with thoughts such as *My life is over; I'd be better off dead*, then explicit defusion is called for. But even then, we wouldn't use zany defusion techniques, such as saying thoughts in a silly voice.

One word we need to be very careful with is "story." When we ask questions such as "What happens when you get caught up in that story?"

a client may protest, "It's not a story; it's true!" If this happens, we could reply, "I'm sorry, I didn't mean to offend you. All I mean by 'story' is a string of words that conveys information. I don't mean that you've made it up or that it's not true. If you prefer, I can use the word 'cognition' or 'thought' instead."

Of course, the term "thought" can also get negative reactions, such as "It's not a thought; it's a fact!" In this case we might reply, "The thing is, we have many different types of thoughts. And sure, when our thoughts are objectively true, we call them 'facts.' But we have all sorts of other thoughts, such as opinions, predictions, judgments, and so on, that we can't call 'facts.' So we need to find a word that includes all the different types of thoughts. The only other word I can think of is 'cognition.' Would you prefer that?"

The word "mind" also bothers some clients. Here's an example of how we might deal with that objection.

Client: Why do you keep saying it's my mind talking? It's not my mind.

Therapist: When I say "mind," I mean "the part of you that thinks." I don't know what else to call it. What word would you use instead?

Client: It's the brain.

Therapist: Okay. So what do you typically do when your brain starts talking to you that way?

The bottom line is that we aim to treat our clients with great respect and compassion. If we do inadvertently invalidate them, let's be quick not only to apologize, but also to give a rationale for what we were doing. We would then find a different way to achieve what we want.

Being Inflexible with Technique

Many defusion techniques are playful in nature, such as singing thoughts, saying them in silly voices, imagining them on computer screens, or writing them on cards. Some techniques involve artwork, such as drawing or painting thoughts with various materials. Others are more physical and involve acting out metaphors. And yet others are meditative in style,

such as putting thoughts onto leaves floating down a stream or into suitcases on a conveyor belt.

Naturally, we will all find our favorite defusion techniques, and that in itself isn't problematic. However, at least two problems can occur if we rely excessively on technique-heavy defusion: First, some clients may respond poorly to our preferred techniques, and if we are unable to shift to alternative methods, the therapeutic process will get stuck. And second, we miss out on many opportunities to gently, subtly, and informally instigate and reinforce defusion throughout a session. So let's look at two easy ways to become more flexible with this process: employing informal defusion and asking workability questions.

Informal Defusion

Defusion can't be learned intellectually; we acquire this skill only through experiential practice. However, we can help clients develop this skill without having to take them formally through a defusion exercise. How so? By noticing, acknowledging, and nonjudgmentally commenting on fusion as it shows up in session.

For example, we might say, "It seems like your mind just flashed you a major red alert. Is it giving you any other warnings right now?" or "Hey, did you see that, how your mind just took over the conversation and changed the topic completely?" To a client who has become lost in his thoughts we might say, "I think I've lost you." Then, when he reengages, we might say, "You're back. Where did your mind just take you?" or "Seems like your mind managed to hooked you with something. What was it?"

When we're totally fused, we don't even know we're thinking; we're so caught up in our thoughts that we don't even realize that we're *having* thoughts. Therefore, the very first step in defusion is to simply notice our thoughts. As we notice them, we immediately get some distance from them. Thus, throughout our sessions we can ask clients questions along these lines: "Can you notice what your mind is doing now?" "Can you just notice that thought for a moment?" "Did you notice that thought just showed up again? That's the fifth or sixth time this session, isn't it?"

We may then ask follow-up questions such as these: "How old is that thought?" "How often does that thought show up?" "What happens when you get caught up in that thought?" "How do you think we should

respond to that thought? Shall we invest time and energy in addressing it, or shall we just carry on with what we were doing?"

The beauty of this informal style of defusion is that we can use it throughout a session to instigate and reinforce defusion without ever explicitly proclaiming it. This not only reduces client resistance, but also maximizes the effectiveness of the session.

Workability Questions

Asking workability questions is very helpful for defusion. There are basically two steps involved:

1. Notice the thought.
2. Consider the workability of acting on it.

Step 1 is as simple as saying, "Notice what your mind is telling you right now." However, at step 2, we have to be wary. We don't want to turn into a Dr. Phil caricature: "So how's that working for you?" Nor would we ask, "Does thinking this way help you?" because such a question implies that the client is consciously choosing what to think.

Instead, we want to validate that the client's thoughts are normal and natural, and also acknowledge they are largely out of his conscious control. Therefore, we'd say something like "Thinking this way is completely normal and natural. We all have thoughts of this nature. The question is, when those thoughts pop into your head, if you hold on to them tightly and let them dictate what you do, does that help you be the person you want to be or do the things you want to do?"

Also, let's not forget that one of the most effective ways to ask workability questions is in conjunction with the Bull's-Eye Worksheet (see chapter 6). For example, we can ask, "If you hold on tightly to that thought and let it dictate what you do with your arms and legs, will it get you closer to the bull's-eye or farther away?"

Encouraging Pseudodefusion

Therapists may encourage pseudodefusion in a couple of ways. They may do so by sending mixed messages, such as encouraging the client to defuse from negative thoughts but fuse with positive ones (typically in an

attempt to boost self-esteem). It may also occur when the client misuses a defusion technique to try to get rid of unwanted thoughts and feelings and the therapist endorses this, as in the following example.

Client: That was amazing! The thoughts just disappeared. I feel so much better now.

Therapist: *(Beams.)* Yes, it's a great technique, isn't it?

The therapist's response suggests that the purpose of defusion is to make the thoughts go away or reduce painful feelings. Instead, the therapist should nonchalantly explain that although such outcomes often happen, they are bonuses, not the main aim.

Of course, if the client is practicing pseudodefusion, he will soon return saying, "It doesn't work." When we ask what he means by that, he'll report that the thoughts didn't disappear or the feelings didn't diminish. At this point, we once again, with great compassion, take him through the hands as thoughts metaphor to explain the purpose of genuine defusion.

Three "Old Faithfuls"

Three of the simplest and most powerful defusion techniques that we can reliably fall back on whenever we get stuck are the Dropping Anchor technique, writing thoughts down, and the Obstacle Course exercise.

Dropping Anchor

The Dropping Anchor technique, from chapter 3, is a powerful exercise for anyone who is highly fused, as illustrated in the following example.

Client: There's nothing I can do. *(Lowers her head.)*This is a waste of time. It's hopeless.

Therapist: *(Speaks compassionately.)* You're right. As long as you keep doing what you're doing right now, it *is* a waste of time. Would you like to do something more effective instead?

Client: *(Stares at the floor.)* There's nothing I can do.

Therapist: *(Speaks gently.)* Well, once again, you're right. As long as you keep doing what you're doing right now, you're basically helpless. So would you like to do something more effective?

Client: I don't know what to do.

Therapist: Would you like to me show you something that could help?

Client: Nothing can help. There's nothing I can do.

Therapist: *(Speaks softly and compassionately.)* Well, you have a choice to make here. You can choose to keep looking down at the floor and saying things like "There's nothing I can do." Or you can try something else, which might be more effective.

Client: *(Looks at the floor.)* But I've told you, there's nothing I can do.

Therapist: *(Speaks softly and patiently.)* I know. You've told me that several times now. So here's your choice: Do you want to spend the rest of the session looking at the floor and telling me it's hopeless, or do you want to try doing something different—something that could be more effective? The choice is yours.

Client: I don't have any choice!

Therapist: *(Speaks calmly and compassionately.)* Well, right now you can choose to sit there saying you have no choice, or you can choose to do something different—something that might actually be helpful.

Client: *(Looks up.)* Yeah? Like what?

Therapist: Well, for one thing, I could show you how to drop an anchor.

Client: Do what?!

The therapist has now engaged the client's attention. He next introduces the emotional storm metaphor and the Dropping Anchor technique, as described in chapter 3, then continues as below.

Therapist: So, can you tell me, right now: Those thoughts about it all being hopeless and pointless, are they dragging you down as much as they were before?

Client: Well, they're still there… But yeah, they're not dragging me down as much.

Therapist: If this *(holding her hands over her eyes)* means I'm completely caught up in my thoughts about how hopeless it is, and this *(lowering her hands to her lap)* means my thoughts are still there but they're not really bothering me, can you show me with your hands how caught up in your thoughts you are right now?

Client: Maybe here. *(Holds her hands about halfway between her face and her lap.)*

Writing Thoughts Down

We've already seen the simplicity and power of writing thoughts down in the Off-Track, On-Track technique, in chapter 6. We can use this method any time the client says something that throws us. Here's an example.

Client: This is just a waste of time. Life sucks, therapy sucks, and *you* suck!

Therapist: Fair enough. Is it okay if I just write down what your mind is saying?

Client: Why?

Therapist: So we can have a look at it more clearly and choose how we respond to it. *(Writes the thoughts down.)* Okay, so here's what your mind just said, *This is just a waste of time. Life sucks, therapy sucks, and you suck!* Now we have some choices available to us. We could get into a debate about whether these thoughts are true. I could get defensive or annoyed or try to prove to you that I don't suck. We could stop the session because your mind says it's a waste of time. Or we can just acknowledge that these are the

thoughts that popped up for you in that moment and just let them come and go and carry on. Which do you think would be most helpful?

The Obstacle Course

Writing thoughts down can easily segue into the Obstacle Course exercise. This intervention is particularly useful for anxious thoughts, hopeless thoughts, and self-judgmental thoughts. In the transcript below, the therapist has already written about ten of the client's most difficult thoughts on a large sheet of paper.

Therapist: Okay, so these are the sorts of things your mind keeps saying to you?

Client: Yeah.

Therapist: Can I ask you to do a little exercise with me? It may seem odd, but I think you'll get a lot out of it.

Client: Okay.

Therapist: Great. So if you could take this piece of paper *(handing the client the paper with all of the thoughts written on it)* and if I can get you to stand over here *(escorting the client to the far side of the room)*, I'm going to create a special obstacle course for you. *(Starts moving objects around to create the obstacle course.)*

This chair here is your financial problems. That chair is your marriage problems. This pile of books is the trouble you're having with your children. And that briefcase is all of your health problems. And over here, where I am *(now standing at the opposite side of the room with the obstacle course directly between him and the client)*, this represents a better life—a richer, fuller, more meaningful life. But for you to get this life, you'll have to navigate all those obstacles.

First I'd like you to navigate the course while you're all caught up in those thoughts. In other words, go through the course like this. *(Holds a sheet of paper directly*

in front of his face, totally obscuring his view of the obstacle course.) Please walk very slowly as you do this; I don't want you to get injured. As you navigate the obstacles, you're not allowed to look down; you have to stay completely absorbed in your thoughts. Try it now and just see what it's like, attempting to navigate the obstacles in this way. *(The client walks slowly and awkwardly, holding the sheet of paper in front of his face. After a few hesitant steps, he bumps into the side of a chair.)* Just hold it there.

Okay, you did very well. Now can I get you to go back to the start and try again, but this time with the thoughts tucked under your arm? *(The client goes back to the start, tucks the paper under his arm, and this time easily navigates the obstacle course.)*

Do you notice the difference? The thoughts haven't changed or gone away, but you're handling them differently. When you're not so caught up in them, it's much easier to deal with the problems in your life.

By this point, the client has usually defused to some extent from his thoughts. The therapist can then, if desired, introduce additional defusion techniques, formal, informal, or both.

Small Steps

If you're getting stuck on defusion, then, as with acceptance, go slow and take little steps. In particular, do your best to reinforce any instances where the client seems even a little defused. For example, make comments such as "You seem more present," "You seem less entangled," "You drifted off there, but now you're back," or "Hey, see how you just unhooked yourself?"

Of course, the biggest step we take with this process is defusion from the conceptualized self (also called self-as-content). It's best to lead up to this gradually, initially defusing from specific self-judgments, such as *I am X* or *I'm not Y*, then defusing from the general process of judging, and finally defusing from the conceptualized self.

Defuse from Both the Positive and the Negative

In ACT, we defuse from positive self-judgments as well as negative, and many clients are initially puzzled by this. To help them understand, we could ask a question along these lines: "What do you think the danger is in fusing with *I am the greatest mother in the world*? Obviously, that would give you high self-esteem, but what costs might it have?"

Usually we'll need to walk the client through this. We can point out how she would lose touch with reality and fail to notice the ways she's less than perfect; be unable to recognize her mistakes and therefore be unable to learn and grow from them; and probably be closed off to any person or information that seems to contradict her belief. We might also ask, "Have you ever had to work with someone who was fused with a thought like *I'm the greatest, and I always know the best way to do everything*? What was that like?" Another approach would be to ask, "What might be the danger of fusing with *I'm a brilliant driver, and I can drive brilliantly well even if I'm drunk*? That's high self-esteem, but is it likely to make life better or worse?"

Obviously, it's good for us to be aware of our positive qualities and strengths, but let's hold them lightly; if we fuse with them, it will surely create problems. We can easily modify the Obstacle Course exercise to make this point well. On one side of the paper, the client writes down five positive self-judgments (e.g., "I'm generous," "I'm a good mother," and so on). On the flip side, she writes five negative self-judgments (e.g., "I'm selfish," "I'm a bad mother," and so on). First she navigates the obstacle course while caught up in her negative thoughts. Then she flips the paper over and navigates the course again, this time caught up in her positive thoughts, and discovers that it's equally hard to navigate the obstacles whether she's fused with negative or positive thoughts. However, when the client tucks the paper under her arm, thereby defusing from both the positive and the negative, it's obviously much easier to make her way around the course. The therapist then summarizes the exercise.

Therapist: So low self-esteem, in which we fuse with negative self-judgments, and high self-esteem, in which we fuse

with positive self-judgments, are both equally problematic. What we aim for instead is self-acceptance. In other words, we hold *all* stories about ourselves very lightly and don't get attached to the negative *or* the positive.

Experiments

- Practice both the hands as thoughts metaphor and the Obstacle Course exercise in private, then do them with a client.
- Generate some of your own phrases for informally instigating defusion in session.
- To facilitate defusion, try using the Bull's-Eye Worksheet in conjunction with workability questions.
- Consider whether you're doing anything in your sessions that may encourage pseudodefusion. If so, what might you do differently in the future?
- When you get stuck in working with defusion, come back to the top corner of the triflex, "Be Present."

CHAPTER 11

Stuck on Self

Broadly speaking, ACT targets three main sets of problems to do with the self. We could call these the labeled self, the underdeveloped self, and the disconnected self (Harris & McHugh, 2012).

The Labeled Self

As discussed at the end of the previous chapter, the more we fuse with our self-labels (e.g., *I'm stupid* or *I'm smart*), the more problematic life becomes—whether those labels are negative or positive. How so? Because we come to believe that we are the labels, and then those labels define us and dictate what we're capable of doing or being. Then, ultimately, we subsume all those labels into one big story—"This is who I am"—and fuse with that. Technically, this is known as the conceptualized self or self-as-content.

By "labeled self," I mean the restricted sense of self we experience when fused with self-labels. In depression, this is predominantly negative: *I'm worthless [useless, unlovable, miserable, a burden, etc.]*. In narcissistic personality disorder, on the other hand, it's predominantly positive: *I'm wonderful [attractive, clever, better than everyone else, etc.]*.

The more we fuse with self-labels, the more inflexible we are, becoming increasingly limited by the ways those labels define us. For example, think of clients who struggle in retirement after a long and successful career. Often a big part of the problem is that they're still highly fused with their career label (e.g., *I'm a police officer* or *I'm a teacher*). They desperately want to avoid the new label (*I'm retired*) because they equate it with *I'm useless*.

Or consider high achievers with "fragile" self-esteem. As long as they perform well, they fuse with *I'm a champion* and have high self-esteem. But as soon as their performance drops, they fuse with *I'm a loser* and self-esteem plummets.

Finally, think of the many clients who use self-labels as a reason for avoiding action: *I can't do it because I'm depressed [bipolar, alcoholic, obsessive-compulsive, too anxious, not confident enough, a victim of sexual abuse, a veteran, etc.].*

The Underdeveloped Self

Some clients know very little about themselves. If we ask how they're feeling, what matters to them, what they care about, what they like to do, what their opinions or preferences are, or what they want out of life, we're likely to encounter the answer "I don't know." We can think of this as an underdeveloped self: *I don't know who I am or what I want*. Such clients often go through life with little or no sense of direction or purpose. They are often very passive in their relationships, focused on meeting the needs of the other person while being relatively unaware of their own. They frequently have low "emotional literacy," meaning they have a limited ability to notice, recognize, and name their emotions. They also often have little awareness of their cognitions. So if we ask, "What thoughts are you having right now?" they'll usually answer, "I don't know" or "I'm not having any."

While many such clients have a "tumbleweed" lifestyle, rolling wherever the wind blows them, some have extremely successful careers. However, this success typically comes from rigidly complying with the beliefs, wishes, expectations, obligations, or commandments of others (e.g., their parents, religion, or culture), rather than through mindfully acting on their own values to create their own life direction. It shouldn't be too surprising, then, that their success is often accompanied by a strong sense of emptiness, dissatisfaction, or pointlessness.

The Disconnected Self

If a client lacks the ability to empathize, experience compassion, see things from another point of view, or understand how someone else's

mind works, he'll be unable to form rich interpersonal relationships. He'll be disconnected from others and live in his own world. The disconnected self shows up in all sorts of interpersonal conflicts, which generally stem from misreading, failing to notice, or ignoring the feelings, desires, and motivations of others. An example would be the lack of empathy or the inability to see others' viewpoints commonly found in narcissism or Asperger's syndrome.

Targeting Problems with Self

Keep in mind that the three problematic selves outlined above often co-occur. For example, it's not uncommon to see a severely depressed client who lacks insight and self-awareness (underdeveloped), lacks empathy for or understanding of others (disconnected), and judges herself as worthless and unlovable (labeled). Indeed, all of us, to some extent, have problems in these three areas. In ACT, we target each of these selves differently.

The labeled self we address primarily with defusion. Initially, we help the client defuse from individual self-judgments. Later we defuse from the process of judging, and finally we defuse from the entire conceptualized self.

We target the underdeveloped self initially through contacting the present moment. In other words, we get the client to do lots and lots of noticing: to pay attention mindfully—with openness and curiosity—to how she's feeling, what she's thinking, what she cares about, what she likes or enjoys, what she doesn't like or enjoy, what she appreciates, what her opinions, preferences, needs, and strengths are, and so on. Values clarification plays an important role here; we help the client notice what matters to her, put that into words, and then translate it into goals and actions.

We target the disconnected self through training in flexible perspective taking. In particular, we often have to train these clients in the basics of empathy and teach them how to see things from another's point of view. "But hey, hang on a minute!" I hear you exclaim. "What the hell does 'flexible perspective taking' mean?" Good question!

Flexible Perspective Taking: The "Expanded" Definition of Self-as-Context

Self-as-context (often called the observing self, observer self, noticing self, or silent self) is the slipperiest part of the ACT model, for therapists and clients alike. At the time of this writing (early 2013), most ACT publications – textbooks, papers, and self-help books – define or discuss SAC in terms of one specific outcome in the area of self: an experience that is commonly called the transcendent self, observing self, observer self, or silent self. These writings all describe self-as-context in much the same way: a transcendent sense of self that provides a safe and constant viewpoint from which to observe and accept thoughts and feelings.

However, there is another definition of SAC, which is currently much less written about in ACT, more so in RFT. (RFT is relational frame theory: the behavioral theory of language and cognition that underlies ACT.) This alternative definition massively expands the concept of SAC, defining it in terms of a process, rather than an outcome; a process of "flexible perspective taking". (If you're feeling confused, that's only to be expected; keep reading and hopefully it will all become clear.) When we consider SAC as a process, we can see the transcendent/observing self is only one of many possible outcomes, along with defusion, acceptance, compassion, empathy, and many others.

So here's the alternative "expanded" definition (Hayes, 2011):

> "Self-as-context is the coming together and flexible social extension of a cluster of deictic relations (especially I/here/now) that enable observation and description from a perspective or point of view. Self-as-context enables or facilitates many different experiences, including theory of mind, empathy, compassion, self-compassion, acceptance, defusion, and a transcendent sense of self."

So what the heck does this actually mean? Basically, it involves our ability to look at anyone or anything from a perspective of "I, here, now." This will make sense to you if you take a good, long look at the diagram below, starting in the central box and then carefully reading through every box on the outside.

SELF-COMPASSION
I, here, now notice **painful feelings there** and respond with kindness.

COMPASSION
I, here, now notice **others there** suffering and respond with kindness.

DEFUSION
I, here, now notice **thoughts there** and recognize them as words and pictures.

DEFUSION FROM SELF-AS-CONTENT
I, here, now notice **thoughts there** about "who I am" and recognize them as words and pictures.

ACCEPTANCE
I, here, now notice **thoughts and feelings** and make peace with them.

CONTACTING THE PRESENT
I, here, now notice **something else** (something else = anything that **I, here, now** can think, feel, see, hear, touch, taste, smell, or do).

SELF-AS-CONTEXT
"I, here, now"
I as distinct from ***other*** *(you/he/she/it/they/ someone else/something else, etc.)*
here as distinct from ***there***
now as distinct from ***then***

TRANSCENDENT/OBSERVING SELF
I, here, now am the observer of **everything else** (everything else = body, thoughts, feelings, and the external world**).**

INNER CHILD
I, here, now imagine going back in time to a **younger self** and being kind to the **I** who was **there, then.**

THEORY OF MIND
I, here, now imagine what **someone else** is thinking and feeling, what motivates them, etc.

EMPATHY
I, here, now notice what **someone else** is feeling, and **I** feel it too.

VALUES
I, here, now notice what is important and meaningful to me and put it into words.

COMMITTED ACTION
I, here, now notice and take control of my actions.

Hopefully you can see from this diagram that self-as-context is, loosely speaking, the ability to observe or describe from a perspective of "I, here, now." Therefore, we can think of self-as-context as flexible perspective taking, an ability that underpins many psychological processes, only one of which is the transcendent or observing self.

Self-as-context is thus at the core of mindfulness. Whenever we notice, pay attention, observe, bring awareness to, focus on, or become conscious of something, we always do so from the perspective of "I, here, now." Indeed, we might say that self-as-context is the foundation on which all other mindfulness processes (e.g., defusion, acceptance, and contacting the present moment) are built.

Furthermore, whenever we practice any mindfulness process, we simultaneously develop self-as-context. Because of this two-way street, self-as-context infuses all of our sessions whether we realize it or not; it is implicit not only in all aspects of mindfulness, but also in values and committed action (see diagram).

In summary, "self-as-context" no longer means the observing or transcendent self, and over the next decade, as new materials on ACT are written and older texts are revised and updated, we should see the new definition spread. However, many ACT protocols explicitly include the subset of self-as-context processes that facilitate the experience of a transcendent or observing self, and both therapists and clients often get stuck there. So let's take a look at what goes wrong.

Getting Stuck on Transcendence

There are three main ways we get stuck in transcendent self work:

- We're unclear about when and why it's indicated.
- We overcomplicate the way we present it
- We get thrown by clients' objections about it.

Understanding When and Why Transcendent Self Work Is Indicated

Why bother to make the transcendent or observing self explicit? Do we really need to? We certainly don't have to do this work with every client, and it's not included in every single ACT protocol. However, there are at least four good indications for using it:

- It aids defusion, especially from the conceptualized self. For example, the therapist might say, "It's the part of you that can step back and watch a story instead of getting caught up in it."
- It aids acceptance: "It's a 'safe place' inside you—a place where you can open up and make room for difficult feelings, where you can watch them come and go without getting swept away by them."
- The transcendent experience is an important aspect of spirituality: "There is more to us than our thoughts, feelings, and body."
- It's a powerful experience for survivors of trauma: "A part of you came through unharmed."

Of course, we can readily achieve the first two points (aiding defusion and aiding acceptance) without ever mentioning the transcendent or observing self. If our aim is to help the client develop the skills of defusion and acceptance, there are dozens of techniques we can utilize without ever explicitly invoking the observing self. (It is, of course, implicit in all such techniques.) However, if we wish to help the client contact this particular aspect of spirituality, or to most effectively support survivors of trauma, then we need to make the observing self explicit. The problem is finding ways to do this without overcomplicating it.

Keeping It Simple

In any introductory ACT text, you'll find many exercises and metaphors to help develop the transcendent or observing self. However, many of these interventions are quite complex and can easily confuse clients who are more stuck. For these clients I like to keep it simple, using one

simple exercise (Be Aware You're Noticing) and one simple metaphor (the stage show). Below you'll find transcripts for both.

In the exercise Be Aware You're Noticing, the therapist first asks the client to find a comfortable position, upright in the chair, back straight, feet resting on the floor, and eyes closed or fixed upon a spot. The therapist speaks slowly, allowing at least a ten-second pause (indicated by the ellipses) after each instruction.

Therapist: Notice your breath… And be aware you're noticing… Notice what you're thinking… And be aware you're noticing… Notice what you can hear… And be aware you're noticing… Notice what your mind is telling you… And be aware you're noticing… Notice what you can feel in your feet… And be aware you're noticing… Notice what thoughts you're having… And be aware you're noticing… So, notice there's a part of you that notices everything else.

The therapist then concludes the exercise with the stage show metaphor, as follows.

Therapist: Life is like a stage show. And on that stage are all your thoughts, and all your feelings, and everything that you can see, hear, touch, taste, and smell. And there's a part of you that can step back and watch the show: zoom in on any part of it and take in the detail, or zoom out and take in the big picture. We don't have a good word in everyday language for this part of you. I'm going to call it the observing self, but you can call it anything you like.

The great thing about these two interventions is that we can easily incorporate them into any other mindfulness exercise when we wish to develop the observing self. For example, in mindful eating we can add the instruction "And as you notice the taste of it on your tongue, *be aware you're noticing.*" Similarly, in a defusion exercise, we could say, "And as you notice your thoughts drifting on by, *be aware you're noticing.*" Likewise, the stage show metaphor can start or finish any mindfulness exercise.

Dealing with Common Client Objections to the Observing Self

The transcripts that follow look at common ways that clients object to, struggle with, or dismiss the observing self and how we could respond.

Client: I don't get it. I don't understand what you're talking about. I mean, what actually *is* it?

Therapist: Okay, can you notice how confused you are?

Client: Yes.

Therapist: And can you notice some frustration and irritation?

Client: Yes.

Therapist: And can you notice how you're nodding your head and saying yes?

Client: Yes.

Therapist: And can you notice your body posture as you talk to me?

Client: Yes.

Therapist: And can you notice yourself thinking, *When's he going to get to the point?*

Client: Yes.

Therapist: Okay. So there's a part of you noticing everything. That's all there is to it. It's nothing magical or mystical, just a part of you that's noticing.

Client: *(Seems relieved and surprised.)* Oh.

Therapist: And can you notice your relief now? *(Client chuckles.)*

■ ■ ■

Client: But where is it?

Therapist: It doesn't have a location. If we were to put your brain in a scanner, we wouldn't find it anywhere. You can create

thoughts about where you think it might be, but this is the part of you that *notices* all those thoughts.

Client: That doesn't make any sense.

Therapist: And can you notice that this isn't making sense to you?

Client: Yes.

Therapist: And can you notice yourself trying to make sense of it? *(Continues to ask "Can you notice" questions as in the first transcript.)*

Client: But isn't this just my mind?

Therapist: Well, you could say that, yes. But what we're trying to do here is recognize two different parts to the mind: a thinking self that thinks, and an observing self that observes.

Client: I don't get it. They seem to be the same. They don't seem like two different parts.

Therapist: Well, strictly speaking, you're right. We can't pull apart your mind and find a separate thinking self and a separate observing self. But check this out: right now, you're thinking hard about this, aren't you?

Client: Yes.

Therapist: And can you notice that you're thinking hard about this?

Client: Yes.

The therapist then continues to ask "Can you notice" questions as in the first transcript.

■ ■ ■

Client: Well, if I'm not my mind, who am I?

Therapist: You are one being, made up of a physical self, which is your body, a thinking self, which is your mind, and an observing self, which is the part of you that notices your body and mind. But there are no separate bits and pieces

of you; these are just ways of speaking. If we were to put you into a scanner, we wouldn't be able to find a thinking self, an observing self, and a physical self as separate parts. You are one being, comprising mind, body, and observer.

■ ■ ■

Client: *(Speaks dismissively and sarcastically.)* Big deal! So what?

Therapist: So what? Well, that's a good question. Generally, I work on the assumption that people like to know what makes them tick. So I like to make them aware of the observing self because it's a powerful resource within us—one that we use every time we practice mindfulness. If you don't find that interesting, that's absolutely fine. The point is, whether you find it interesting or not, it's always there, and you'll be using it throughout our sessions. But I don't have to ever mention it again if you'd prefer me not to.

Experiments

- Practice the exercise Be Aware You're Noticing and the stage show metaphor. Try them out in private first, then incorporate them into your sessions with clients.
- Reread and practice the therapist responses in this chapter, modifying them as desired, so you can use them as needed in your sessions.
- Pick a couple of clients with "self problems" and consider their issues in terms of the underdeveloped self, the disconnected self, and the labeled self. How might you intervene at these levels?

CHAPTER 12

Motivate the Unmotivated

Do you ever have unmotivated clients whom you can't seem to get moving? (Yes, that question *was* rhetorical!) In this chapter, we're going to look at ten powerful strategies to motivate the unmotivated:

1. Link the goal to values.
2. Set goals effectively.
3. Take small steps.
4. Use the carrot, not the stick.
5. Anticipate obstacles.
6. Confront the costs.
7. Cultivate willingness.
8. Defuse from "reason giving."
9. Enlist support.
10. Use reminders.

Now let's assume that, for each strategy we explore, the client is repeatedly failing to follow through on goals. These goals could include actively practicing various mindfulness skills (e.g., mindful breathing, or visualizing thoughts floating by like clouds in the sky), developing other important life skills (e.g., assertiveness, problem-solving, or conflict resolution skills), or embarking on a specific course of values-guided action (e.g., asking someone on a date, applying for a job, or going to the gym). Let's also assume that our first response is to compassionately and

respectfully validate the difficulty and stress of making changes, *before* moving on to any of the strategies that follow.

Strategy 1: Link the Goal to Values

Values can provide deep motivation that helps sustain the practice of new skills or support the pursuit of challenging goals, even when the work is boring, tedious, or anxiety provoking, as it so often is. To that end, we could ask the client, "Can I just double-check? Is this really important to you?" If the client says it isn't important, we could reply, "So why are we spending time on it? Let's move on to something that really matters to you."

If the client says it is important, we could reply, "That's interesting. Can you tell me why it's important? I mean, what is it that matters enough that you'd even think about doing something like this?" Ultimately, we want to clarify what such action is in the service of. For example, why would you bother to do the experiments at the end of each chapter in this book? What values would underlie that? Would it be about caring, connection, or contribution? Would it be about helping others or making a positive difference in the world? If we can link a new behavior to something personally meaningful, we're far more likely to do it.

Strategy 2: Set Goals Effectively

A wealth of research shows that if we set goals effectively, we significantly increase the chances of following through on them. A simple acronym for goal setting is SMART:

S = Specific: "What specific actions will you take?"

M = Meaningful: "What values will you be living by when you do this?"

A = Adaptive: "How will this action be adaptive for your life? What are the likely benefits?"

R = Realistic: "Is the goal realistic for the resources currently available, such as time, energy, money, physical health, and social support?"

T = Time-framed: "What day, date, and time will this occur, and for how long will you do it?"

Specific. If a goal is vague and nonspecific (e.g., "I'm going to really be there for my kids this week"), it's going to be hard to know if we've achieved it or not. We can assist the client in setting a specific goal or converting a vague goal to one that's more specific (e.g., "I'm going to get home at 4 p.m. on Friday and take the kids to the park to play basketball").

Meaningful. If the goal isn't meaningful—that is, if it isn't aligned with values—why bother? We can help the client either set a new goal that is meaningful or explicitly link the current goal to values so it becomes meaningful (e.g., "Would doing this be consistent with your desire to be more loving and caring as a mother?").

Adaptive. If the goal seems unworkable, meaning its costs will outweigh its payoffs, we first help the client see this, then help him change the goal. For example, if the value is justice and the goal is "Punch anyone who treats me unfairly," this is clearly going to be maladaptive. Let's be clear about the benefits and remind the client about what they are (e.g., "Practicing this mindfulness skill can help you handle anxiety-provoking situations more effectively").

Realistic. If a goal isn't realistic, we can help the client modify the goal so it is realistic given the available resources. If that isn't possible, we recommend putting it to one side and setting a new goal. The new goal might be unrelated to the original one, or it might be to obtain the resources necessary for achieving the original goal.

Time-framed. A time frame contributes to the specificity of the goal.

Strategy 3: Take Small Steps

The journey of a thousand miles begins with one step, so if a goal seems too big, we can help the client make it smaller. If ten minutes of practice is too much, cut it back to five. If doing it daily is unrealistic, perhaps the client can do it every second or third day or once a week.

Here's a useful question I learned from psychologist Kirk Strosahl: once we've set a SMART goal with the client, we can ask, "On a scale of 0 to 10, where 10 is 'I'll definitely do this no matter what' and 0 is 'There's absolutely no chance I'll ever do this,' how likely are you to actually do this?" If the client gives a number less than 7, it's best to change the goal to something smaller and easier.

Strategy 4: Use the Carrot, Not the Stick

Many clients try to motivate themselves by being harsh, judgmental, self-critical, or punitive. I like to ask such clients, "If beating yourself up were a good way to change behavior, wouldn't you be perfect by now?"

We can teach the client to "drop the stick"—to unhook herself from excessive expectations and harsh self-judgments and instead practice self-acceptance and self-compassion. Then we can help her create a "carrot" by linking her action to values and reflecting on the probable positive outcomes. For example, we can ask, "If you do this, what will you be standing for?" or "If you do this, what will the benefits be in the long term?"

We also want the client to acknowledge every little step in the right direction. In other words, let's show her how to positively reinforce her own behavior. We can encourage her to pay attention to what she's doing and notice what difference her actions make in her life, and also encourage her to find ways to reward herself for following through. These rewards may be as simple as keeping a record in a journal, reporting her progress to others who are supportive, or saying to herself, "Well done. You did it!"

Strategy 5: Anticipate Obstacles

When a client commits to a goal, it's helpful to ask, "What might get in the way of that?" As the saying goes, forewarned is forearmed. Once we've identified obstacles to action, we can then plan how to get around them. For example, we might ask, "Are important people in your life likely to try to talk you out of doing this?" If the client says yes, we can rehearse in session how to respond assertively. Or we might ask, "Do finances present any obstacle?" If the answer is yes, we can either problem

solve how to get the money or change the goal to a new one where finances wouldn't be an obstacle.

Some of the most common obstacles are activities that compete for time and energy. In such cases, we can ask the client, "What are you willing to give up, say no to, or do less of to free up time and energy for working toward your goal?"

Sometimes, of course, there's no possible way around an obstacle. In that case, we need to help the client set a different goal and make room for the inevitable disappointment or frustration.

Strategy 6: Confront the Costs

Although we emphasize using the carrot over the stick, sometimes it's important to realistically and deeply connect with the costs of not following through. At such times we may compassionately and gently ask the client, "If you keep on doing what you're doing, what will it cost you in terms of health, well-being, or relationships? What are you missing out on? What will your life be like one year from now? Two years from now? Ten years from now?"

This brings us back to workability once again. We validate that there's a big payoff for not taking action—typically that it helps the client escape uncomfortable feelings. But we also help him contact that, in *the long term*, it isn't workable in terms of giving him the life he wants.

Strategy 7: Cultivate Willingness

Practicing new skills is often boring or tedious, and the pursuit of goals that pull us out of our comfort zone almost always generates significant anxiety. So if the client is unwilling to make room for discomfort, he obviously won't take action. In such cases, we can ask the client, "Are you willing to feel some discomfort in order to do what matters?" or "Are you willing to make room for sweaty hands, a knot in your stomach, a tightness in your chest, and a voice in your head that tells you scary things if you need to make room for those things in order to get closer to the bull's-eye?" Of course, this overlaps with the first strategy: linking the goal to values.

If the client is unwilling to make room for the inevitable discomfort, we may need to work on acceptance skills, enhance the link to values, or set an easier goal that elicits less discomfort.

Strategy 8: Defuse from Reason Giving

I often tell clients, "The mind is a reason-giving machine, and as soon as we even *think* about doing something that pulls us out of our comfort zone, it cranks out all the reasons why we can't do it, shouldn't do it, or shouldn't even have to do it: *I'm too tired*, *I'm too busy*, *It's not important*, *It's too hard*, *I'm not good enough*, *I can't do it*, *I'll fail*, *I'm too anxious*, and so on. If we wait until the day the mind stops giving reasons to do the things that really matter in life, we'll never get started." If fusion with reason giving is a major barrier to action, then naturally we target it with defusion, perhaps recommending that the client tell herself, "Aha! Here it is again. The 'I can't do it story.' Thanks, Mind!"

Strategy 9: Enlist Support

Social support is often hugely motivating. Can the client find a partner, friend, relative, coworker, or neighbor with whom he can share his aspirations and achievements—someone who will encourage and support him? Can he find someone who will acknowledge his successes and cheer him on? Is there a group or a course he could join that might serve this purpose? Can he find an exercise buddy to go running with or a study buddy to help him with his homework?

Strategy 10: Use Reminders

It's very easy for clients to forget what their goals are. We can help with this by writing down the current goal on a piece of paper and ensuring that the client takes it home. We can also brainstorm ways to create reminders. Can the client put messages or alerts in her computer, mobile phone, calendar, or journal? Can she ask people in her support network to remind her? Can she put notes on the mirror, the fridge, or the car dashboard? Can she put a sticker on her watch strap, an elastic band

around her wrist, or a gadget on her key ring so that whenever she sees these things they remind her of her goals?

Another possibility is using a recurring event to cue her new behavior. For example, she might do a mindful breathing exercise for ten minutes immediately after dinner or as soon as her alarm clock goes off in the morning. This also gives the goal a time frame and helps avoid competing activities.

Experiments

- Apply some or all of these strategies to an important stuck point in your own life and see how they work for you.
- Pick an unmotivated client and think about which of these strategies are likely to be most helpful. Plan how you might introduce them to the client, then give it a go in your next session.
- I've created a modified version of this chapter as a tip sheet specifically for clients. You can download it from the free resources page at www.actmindfully.com.au. Try running through it with one of your unmotivated clients to see if she finds it helpful.

CHAPTER 13

Difficult Dilemmas

At times, we've all had to grapple with a difficult dilemma: "Do I stay in this relationship or leave?" "Do I quit this job or stay?" "Do I enroll in this course or that one?" "Do I have the operation or not?" "Do we try to have children or not?" "Do I focus on my career or my family?"

In these situations, the mind easily goes into overdrive, desperately trying to make the "right" decision. The problem is, sometimes days, weeks, months, or even *years* can pass before we finally choose one option over the other. In the meantime, we wander around in a thick smog of anxiety, endlessly pondering, *Do I or don't I?* and missing out on life in the here and now.

When a client presents with a sticky dilemma, we can easily get hooked into trying to solve it for her. This is only natural; the client is in distress and we want to help. If we can resolve the dilemma, the client's suffering will cease. So our minds go into active problem-solving mode, trying to figure it out, trying to find the simple solution that will neatly tie up all the loose ends.

Unfortunately, far more often than not our efforts fail, and no matter how hard we search, there is no simple solution to be found. We end up feeling stuck, just like the client. Therefore, this chapter presents a ten-step approach for dealing with any dilemma—an approach that will enable clients to live with vitality, whether or not their dilemma is ever resolved:

1. Establish that there is no quick fix.
2. Analyze the costs and benefits.
3. Help the client recognize that there is no perfect solution.

4. Explain that there's no way not to choose.
5. Ask the client to acknowledge today's choice.
6. Encourage the client to take a stand.
7. Recommend that the client make time to reflect.
8. Help the client name the story.
9. Encourage the client to practice expansion.
10. Help the client develop self-compassion.

Step 1: Establish That There Is No Quick Fix

If the client is grappling with a major dilemma in his life, he isn't likely to resolve it within the session, so let's begin by helping him accept this reality. We might say something like "It's highly unlikely that you'll reach a final decision during today's session. It could possibly happen, but it's not likely."

Step 2: Analyze the Costs and Benefits

Sometimes we can resolve a dilemma with a classic cost-benefit analysis, writing a list of all the costs and benefits for each option. If the client has already done this and it hasn't helped, fair enough—at least she's tried. But if she hasn't yet done this, has done it only halfheartedly, or has done it in her head but not on paper, we should definitely encourage her to give it a try. Mindfully writing down all of the costs and benefits of each option, on paper or on a computer, is a very different experience than thinking it through mentally or talking it through with a friend, and sometimes this is enough to help finalize the decision. However, the inconvenient truth is that the greater the dilemma, the less likely this method is to be helpful. Why? Because if one option was obviously far better than the other, there wouldn't be a dilemma in the first place!

Step 3: Help the Client Recognize That There Is No Perfect Solution

Next, we help the client recognize that there is no perfect solution.

Therapist: You know, there's no perfect solution to this dilemma. If there were, you wouldn't have a dilemma in the first place. So whichever choice you make, you're likely to feel anxious about it and your mind's gonna say, *That's the wrong decision* and point out all the reasons why you shouldn't do it. If you're waiting until the day there are no feelings of anxiety and no thoughts about making the wrong decision, well, you'll be waiting forever.

Step 4: Explain That There's No Way Not to Choose

The next step is to help the client recognize that, whatever her dilemma, she's *already* making a choice.

Therapist: The odd thing about this situation is that there's actually no way *not to* choose. Each day that you don't quit your job, you're choosing to stay. Until the day you hand in your resignation, you're staying there.

This approach can be used with many scenarios. In regard to a relationship, we might say, "Each day that you don't leave your partner, you're choosing to stay. Until the day you pack your bags and move out of the house, you're staying." In regard to a medical decision, we might say, "Each day that you don't sign the consent form for the operation, you're choosing not to have surgery."

If, however, the dilemma is something like "career versus family," we can point out that this is actually a time-allocation conflict (discussed in chapter 7). So each day (week, month, etc.) the client can make a choice: how many hours will she spend with her family, and how many hours will she spend at work?

Step 5: Ask the Client to Acknowledge Today's Choice

Having established that the client is already making a choice, we then ask the client to acknowledge the choice she's currently making.

Therapist: So, how about you kick off each day by acknowledging the choice you're making? For example, when you wake up in the morning, you could say to yourself, "Okay, for the next twenty-four hours, I choose to stay in this relationship."

Again, we make this specific to the dilemma: "For the next twenty-four hours, I choose to keep using contraceptives." "For the next seven days, I choose to remain in my job." "For the next week, I choose to spend X hours at work and Y hours with my family."

Step 6: Encourage the Client to Take a Stand

The next step is to encourage the client to take a stand based on her values. Although she's already making a choice, she can enhance her sense of vitality and well-being by acting on that choice in a values-congruent way.

Therapist: Now, given the choice you've made, what do you want to stand for in the next twenty-four hours? What values do you want to live by in this area of life? If you're staying in your relationship for one more day, what sort of partner do you want to be for that one day?

Variants on this question might be "If you're staying in your job for another day, what sort of employee do you want to be for that one day?" or "If you choose for one more day not to have the operation, then how do you want to spend those twenty-four hours?"

In the family-versus-career scenario, we might ask, "In the time you spend with your family, what sort of parent do you want to be? And in the time you spend at work, what sort of worker do you want to be?"

Step 7: Make Time to Reflect

Next, we suggest that the client put aside time on a regular basis to mindfully reflect on the situation. The best way to do this is as in step 2: ask the client to use a diary or a computer to write down the costs and benefits of each option and see if anything has changed since last time she did this.

She could also try to imagine what life might be like—both the positives and the negatives—of going down each potential path. For example, in the family-versus-career dilemma, one path might be spending thirty hours with the family and fifty hours at work per week, and another path might be spending forty hours with the family and forty hours at work per week.

For most people, a reflection time of ten to fifteen minutes three or four times a week suffices, but the client can choose to do as little or as much as she likes. The key thing is that the time be spent in *mindful* reflection.

Therapist: If you want this reflection process to be helpful, it's very important that you don't try to do it while also watching TV, doing housework, driving, going to the gym, cooking dinner, and so on. The aim is to just sit quietly with your pen and paper, or a computer, and do nothing but write down and reflect on the pros and cons of each choice for as long as you think is useful. Most people find ten to fifteen minutes three or four times a week is more than enough.

Step 8: Help the Client Name the Story

The next step is to help the client defuse from unhelpful thoughts that can easily hook her into worrying, ruminating, or "analysis paralysis." An effective way to do this is by asking the client to name the story.

Therapist: Throughout the day, your mind will try to hook you back into the dilemma, to get you going over it again and again.

Client: Yes, that's exactly what it does.

Therapist: Of course; that's only natural. But if that were truly helpful, you'd have resolved this by now, wouldn't you?

Client: I guess.

Therapist: I mean, how many hours have you already spent thinking about this?

Client: Hundreds.

Therapist: Exactly. So do you remember that technique called naming the story?

Client: Yeah. That was quite helpful.

Therapist: Great! I encourage you to start using it again. Whenever your mind tries to hook you, try saying to yourself, "Aha! Here it is again. The 'stay or leave' story. Thanks, Mind." Then push your feet into the floor, get present, and focus your attention on doing something meaningful. You might even find it helpful to remind yourself, "I'll think about this later, in my reflection time."

Step 9: Encourage the Client to Practice Expansion

Even as the client is becoming disentangled from her dilemma, we compassionately remind her that feelings of anxiety will almost certainly arise—again and again and again—no matter which option she chooses. We encourage her to practice "expansion" when they do so. ("Expansion" is a user-friendly term for "acceptance.") We encourage her to breathe into those feelings; open up and make room for them; acknowledge to herself, "Here's anxiety"; and remind herself, "This is normal. It's what everybody feels in a challenging situation with an uncertain outcome."

Step 10: Have Self-Compassion

Last but not least, we help the client develop self-compassion, encouraging her to treat herself gently, talk to herself kindly, and unhook herself

from all unhelpful, self-judgmental mind chatter using whatever defusion techniques work best for her. We encourage her to remind herself that she's a fallible human being, not some high-tech computer that can coldly analyze the probabilities and spit out the "perfect" answer. We also once again validate that this is a very difficult decision. After all, if it were easy she wouldn't have a dilemma in the first place!

Encourage Ongoing Practice

We encourage the client to cycle through these steps every day. Over time, perhaps one option will become more attractive. Alternatively, at some point one of the options may no longer be available, in which case, there is no longer a dilemma.

And what if the dilemma remains unresolved? Well, at least the client gets to go through each day mindfully living by her values, rather than wandering around in a thick psychological smog of anxious indecision.

Experiments

- Apply this approach to any dilemma in your own life and see how it works for you.
- Download the Ten Steps for Any Difficult Dilemma Worksheet from the free resources page at www.actmindfully.com.au and rehearse working through it with a client; then, at the first opportunity, try it out with a client.

CHAPTER 14

Hold Ourselves Kindly

There isn't one single published study of ACT where every single participant had a positive outcome. Sooner or later, every ACT practitioner will encounter a client who stays firmly and irretrievably stuck. And no matter what we do, no matter how hard we work, no matter how much supervision or helpful advice we receive from colleagues, no matter how creative, inventive, and flexible we are with ACT, we will be unable to help this person get free.

When that happens, we're likely to find it very hard to accept. We're likely to fuse with all sorts of unhelpful mind chatter—especially the "I'm incompetent" story, the "I'm a lousy therapist" story, or the "I'm not smart enough" story. At these times, we need to practice self-compassion, unhooking from all those negative self-judgments, making room for our painful emotions, and being kind, caring, and supportive to ourselves.

Naturally, the same goes for our clients. When a human being gets stuck, the default setting of the mind is to pull out a big stick and beat him up. Thus, our firmly stuck clients are likely to be fused with all sorts of harsh negative self-judgments: *I'm weak [useless, stupid, hopeless, lazy, dumb, pathetic, etc.]*. In these cases, we need to not only practice self-compassion but also help our clients develop it. After all, if we're already stuck, then beating ourselves up will only get us more stuck. However, if we can turn being stuck into an opportunity to develop self-compassion, then at least something positive is coming out of it.

Self-Compassion

According to Kristin Neff, the world's leading researcher on self-compassion, there are three key elements to self-compassion (Neff, 2003):

- Mindfulness
- Kindness
- Common humanity

Mindfulness

Mindfulness is at the core of self-compassion. Opening up, making room for difficult thoughts and feelings, and allowing them to flow freely through us, neither getting caught up in them nor fighting with them, is in itself an act of support and caring.

Kindness

Kindness is the second element of self-compassion. This involves finding some simple ways to treat ourselves kindly. We can talk to ourselves with words full of kindness and caring. For example, we might say to ourselves, "This is really hard, but I can handle it," "This is really painful, but no matter how great the pain is, I can make room for it," or "Everyone makes mistakes. This just shows that I'm human." We can also soothe and support ourselves through kind, life-enhancing gestures, such as cooking up and savoring a healthy meal, spending quality time with close friends, listening to our favorite music, reading a great book, or taking a long, hot bath. And last but not least, we can touch ourselves kindly, massaging our throbbing temples, kneading our knotted neck, or placing a comforting hand upon our heart.

Common Humanity

The third element of self-compassion is reflection on our common humanity. This means taking the time to acknowledge that pain and suffering don't single us out from others; rather, these are experiences that we have in common with all human beings. We all suffer. We all get stuck. We all repeatedly get hurt through life's twists and turns. Suffering isn't something weird, abnormal, or pathological; it's part of the human condition—part and parcel of having a human mind.

A Last Resort or a Starting Point?

The key thing to remember is that if all else fails—if you've tried everything in this book and found it makes no difference with a particular client and that client remains firmly stuck—then use your sessions to help the client develop self-compassion. If you do this, you'll be doing something very useful indeed: transforming "stuckness" into a powerful, life-enhancing skill. Having said all that, it's important that we not think of self-compassion purely as a last resort. It can often be a great starting point for clients, especially those experiencing acute grief.

As with any element of the ACT model, there are many ways to develop self-compassion; you'll find plenty in other ACT books. I'm going to finish this book with one that's simple but powerful: the exercise Hold Yourself Kindly. But before we get to that, let's consider a very important question: when to refer clients to other practitioners.

When to Refer

We need to keep in mind that it's okay if we don't have all the answers, and also need to recognize the limits of our skill set. If we don't have all the answers or the techniques we've offered haven't worked, it could indicate that there's something we aren't seeing. In that case, we should either seek quality supervision or refer the client to a new practitioner.

At what point should we refer? There's no right answer to this question; everyone has to find their own way of working. However, my own rule of thumb is this: First, I try everything in this book. If none of that works, I seek supervision. After that, if the client still remains stuck, I refer him on. Generally, I don't allow more than two sessions of total "stuckness"—that is, no increase in psychological flexibility whatsoever—before I decide to refer.

Hold Yourself Kindly

So here we are, at the end of the book. I hope you'll find this self-compassion exercise useful both for yourself and for your clients. As always, modify the exercise as you wish; for example, if you don't like my suggestions for caring words, substitute your own. (This exercise is adapted from "An Exercise in

Self-Compassion," in my book *The Reality Slap* [Harris, 2012, p. 80]. If you wish, you can listen to a recording of this on my CD/MP3 *Exercises and Meditations from* The Reality Slap, available at www.actmindfully.com.au.)

■ ■ ■

In your life as it is today, what are you struggling with or suffering from? Briefly reflect on this issue and how it affects you, and allow your painful thoughts and feelings to arise. Once you've contacted the emotional pain of this issue, proceed with the four steps that follow.

Step 1: Be Present

Pause for a few seconds and notice what your mind is doing. What words and pictures are arising?

Observe these words and pictures with the curiosity of a young child. Notice whether this story is old and familiar or something new. Does it concern the past, present, or future? Does it include labels, judgments, comparisons, or predictions?

Don't challenge the thoughts that arise or push them away. Simply watch them come, stay, and go in their own good time.

Also notice all the different emotions that show up. Is there perhaps guilt, sadness, fear, anger, or anxiety?

Name these emotions as you recognize them: "Here's fear," "Here's sadness," "Here's guilt," and so on.

Also notice where in your body you feel these emotions.

Zoom in to wherever in your body the pain feels greatest, then study that painful feeling with an attitude of curiosity and openness.

What is the size, shape, and temperature of this feeling? Is it at the surface or deep within you, or does it go all the way through you? Is it moving or still?

Does it have clear borders and edges, or are the boundaries blurry and poorly defined? How many layers does it have? How many different types of sensation can you find moving within it?

Step 2: Open Up

Now, with an attitude of caring and kindness, take a few slow, deep breaths. Imagine your breath flowing into and around your pain. As you do this, imagine that, in some magical way, a vast space opens up inside you. Expand around those painful feelings, opening up and giving them plenty of room.

Instead of fighting with the feelings or running from them, make peace with them. Drop the struggle and see if you can allow them to be as they are—to come and stay and go in their own good time.

Notice any tightening, contraction, or tension in your body, and breathe into that too. Make peace with everything that arises from within you: all the words and pictures of your mind and all the sensations and feelings of your body.

Step 3: Hold Your Pain Kindly

Now imagine that one of your hands belongs to someone very kind and caring. Rest this hand gently on your body directly over where you feel the greatest pain. If you can't locate a specific area, then simply rest your hand over your heart.

Gently adjust the pressure so that, as your hand rests there, it provides a sense of support, security, and comfort.

Notice the warmth gently flowing from your hand to your body, flowing into and around this painful feeling.

See if you can hold this pain gently. Soften up around it. Loosen up around it. Hold it as if it's a crying baby or a rare and precious butterfly.

Hold yourself kindly and gently, reaching out to yourself in the same way as you would to a loved one in great pain.

Step 4: Speak to Yourself Kindly

Now silently repeat some kind words to yourself.

You could say something like "gentle," "kind," or "go easy" to remind yourself of your intention to be self-compassionate.

You could say, "This is really painful" or "I know this is hard, but I can do it."

You could perhaps remind yourself of a favorite proverb or saying, provided it doesn't trivialize or dismiss your pain.

If you've screwed up or made an error, you could remind yourself, "I'm human, and like everyone I know, I make mistakes."

You might remind yourself that this pain is a part of being human; it's what every caring human being feels when we encounter a gap between what we want and what we've got. It's painful, difficult, and unpleasant. You didn't ask for it. You don't want it. Yet here it is, and it's something you have in common with every other human being on the planet.

Experiments

- Consider which of your clients might benefit from developing self-compassion.
- Rehearse this self-compassion exercise in private, then try it with one of your clients.
- Consider taking another fourteen weeks to go through the entire book again—not just reading it, but actually applying it. After all, it's highly unlikely that you squeezed every last drop of knowledge from it the first time around.
- If you find any part of the book particularly challenging, address it in supervision or one of the ACT online discussion boards, take it to your local ACT interest group, or get together with an ACT-friendly colleague and work through it together.
- Even if you don't do any of these experiments, at the very least practice self-compassion. Remember, you're a human being, and we all get stuck at times. So above everything else, be kind, caring, and supportive to yourself.

Resources

Books by Russ Harris

The Reality Slap: Finding Peace and Fulfillment When Life Hurts (Oakland, CA: New Harbinger Publications, 2012). This ACT-based self-help book provides a compassionate and practical guide to surviving and thriving through grief, loss, and crisis. It shows how we can turn even our greatest losses into a source of wisdom and self-compassion, and how we can heal and grow despite unspeakable suffering.

The Confidence Gap: A Guide to Overcoming Fear and Self-Doubt (Boston: Trumpeter, 2011). This book presents an ACT-based approach to overcoming fear of failure and developing genuine confidence. Compassionate, practical, and inspiring, it will help you identify your passions, succeed at your challenges, and create a life that's truly fulfilling.

ACT Made Simple: An Easy-to-Read Primer on Acceptance and Commitment Therapy (Oakland, CA: New Harbinger Publications, 2009). This practical and easy-to-read professional book offers clear explanations of the core ACT processes and real-life tips for rapidly and effectively implementing them in your coaching or therapy practice.

ACT with Love: Stop Struggling, Reconcile Differences, and Strengthen Your Relationship with Acceptance and Commitment Therapy (Oakland, CA: New Harbinger Publications, 2009). This inspiring and empowering self-help book applies the principles of ACT to common relationship issues.

The Happiness Trap: How to Stop Struggling and Start Living (Boston: Trumpeter, 2008). The world's most widely translated book on ACT, this powerful self-help book is aimed at anyone and everyone. Learn how to make life richer, fuller, and more meaningful while avoiding common happiness traps.

CDs and MP3s by Russ Harris

Mindfulness Skills: Volume 1 and Volume 2. Available in CD and MP3 formats from www.actmindfully.com.au, these two volumes cover a wide range of mindfulness exercises for personal use.

Exercises and Meditations from The Reality Slap. Available in CD and MP3 formats from www.actmindfully.com.au, this audio recording is designed to accompany the written exercises in *The Reality Slap*. You'll find a range of powerful exercises to help you develop mindfulness skills, self-compassion, forgiveness, and loving-kindness.

Online Resources

On the free resources page at www.actmindfully.com.au, you can download copies of many exercises and worksheets from all of Russ's self-help and professional books. You'll also find some free MP3 recordings and YouTube video clips.

Newsletter

The Happiness Trap Newsletter is a free e-mail newsletter packed with useful information, tools, and tips relating to ACT. You can register for the mailing list beneath the main menu at www.thehappinesstrap.com /free_resources.

Workshops and Training

Russ runs ACT trainings and workshops around the world, including training workshops for coaches and therapists and Happiness Trap workshops for the general public. Visit www.actmindfully.com.au for more details.

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Russ Harris is a medical practitioner, psychotherapist, and executive coach. He is author of *ACT Made Simple*, *ACT with Love*, *The Reality Slap*, *The Confidence Gap*, and the international bestseller *The Happiness Trap*. He is also a world-renowned trainer in acceptance and commitment therapy (ACT). He lives and practices in Melbourne, Australia.

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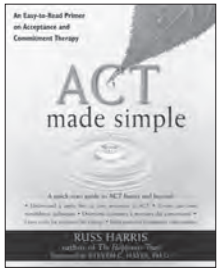

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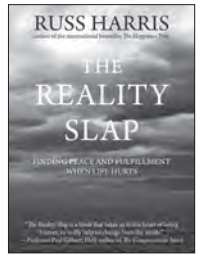

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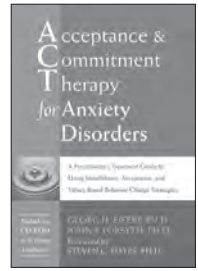

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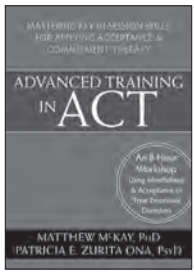

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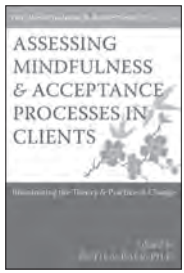

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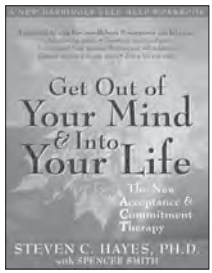

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RUSS HARRIS is a medical practitioner, psychotherapist, and executive coach. He is author of *ACT Made Simple, ACT with Love, The Reality Slap, The Confidence Gap,* and the international bestseller *The Happiness Trap.* He lives and practices in Melbourne, Australia.

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